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**Disclosure of Financial Relationships**

**ATTESTATION STATEMENTS**

**MITIGATION OF CONFLICT(S) OF INTEREST**

Through joint providership, this activity will be certified for *AMA PRA Category 1 credits*TM by the Southern Medical Association (SMA), an Accreditation Council for Continuing Medical Education (ACCME) accredited provider. As such, SMA is committed to compliance with Accreditation Criteria (including the Standards for Integrity and Independence in Accredited Continuing Education) and Policies of the ACCME in the development and delivery of the content of this certified CE activity.

SMA is accredited by the ACCME to provide continuing medical education for physicians. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of SMA's accredited CE activities, we ask that you **disclose all** financial relationships with **any ineligible companies** that you have had over the past **24 months.**

We **define ineligible companies** as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose **regardless of whether you view the financial relationships as relevant to the education**. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards.

**Mitigation of Conflicts of Interest:** All conflicts of interest will be mitigated prior to the activity by various methods depending on your role. For presenters, your PowerPoint Slides or an abstract/outline of the content you will present MUST BE REVIEWED prior to the activity if you there is a conflict of interest.

**Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role in Activity (check all that apply):**

[ ]  Activity Planning Committee Chair or Member

[ ]  Invited Lecturer/Speaker/Moderator/Panelist/Co-author

[ ]  Author of Manuscript, Book, Article, or Enduring Material

[ ]  Content Reviewer

[ ]  Other (specify role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure Instructions**

* Indicate if your content includes a discussion of a commercial product with an unlabeled use or an investigational use not yet approved by the FDA.
* If you do **NOT** have financial relationships to disclose, check the appropriate box below.
* If you **DO** have relationships with an ineligible company, please complete the grid below, as follows:

**Enter the Name of Ineligible Company**

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.

 **Enter the Nature of Financial Relationship**

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**Has the Relationship Ended?**

If the financial relationship **existed during the last 24 months, but has now ended, please indicate this in this column**. This will help our education staff determine if any mitigation steps need to be taken.

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| --- |
| Check Appropriate Box:I **will** [ ]   **will not** [ ]  include a discussion of a commercial product with an unlabeled use or an investigational use not yet approved by the FDA. [ ]  Statement not applicable.[ ]  I have NOT had any financial relationships with any ineligible companies in the past 24 months.[ ]  I DO have financial relationships with ineligible companies (complete below).\* |
|  |  |  |
| **Name of Ineligible Company** | **Nature of the Financial Relationship** | **Has the Relationship Ended?** |
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**\*If you declared financial relationships,** your presentation slides or written materials must be peer-reviewed **BEFORE** the activity to mitigate conflicts. After content review, you will be notified of concerns (if any) via email prior to the activity.

**Read and check each box below**. Your electronic signature indicates your willingness to abide by each of the following attestation statements related to the content delivered during this accredited activity.

[ ]  I have disclosed all financial relationship(s) with ALL ineligible companies.
[ ]  The content I will present/plan is well-balanced, evidence-based, and unbiased.
[ ]  Recommendations I will provide involving clinical medicine are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
[ ]  All scientific research referred to, reported, or used in my content in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
[ ]  If I have been trained by or utilized by a commercial entity or its agent as a speaker for the commercial interest, the promotional aspects of my participation are not included in any way with this activity.
[ ]  If research funded by an ineligible entity is being presented, the information is based on generally accepted scientific principles and methods and does not promote the commercial interest of the funding company.
[ ]  I have and will not accept any honoraria, additional payments or reimbursements from an ineligible company for my participation in this activity.
[ ]  I am not an employee of an ACCME defined ineligible company.
[ ]  I understand that, if applicable, I will recuse myself from participating if my role is related to my declared financial relationship(s), and/or will assist with mitigating my conflict.
[ ]  I understand that my presentation and/or content will be peer-reviewed prior to the activity, and I will provide educational content and resources in advance as requested by the specified deadline.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conflict of Interest Mitigation – Staff/Office Use Only**

**Conflict resolved as follows:**

[ ]  Individual declared no relevant financial relationships; Nothing to mitigate.

[ ]  Declared disclosure(s) are not those of an ACCME-defined ineligible company; Nothing to mitigate.

[ ]  Declared disclosure(s) are not relevant to the content being presented; Nothing to mitigate.

**Committee Members/Content Reviewers/Staff/Other Planners with a Conflict**

[ ]  Individual did not participate with the planning or reviews in the conflicted area. Others without a conflict made

 all planning decisions relevant to the conflicted area.

**Participating Speakers/Authors or Co-authors/Discussants/Panelists/Moderators with a Conflict**

[ ]  The educational content was peer-reviewed with consideration of RELEVANT financial relationships, and upon review, **no commercial bias was detected** in the content. (**Refer to peer-review/content review form**)

[ ]  Individual agreed to limit role of facilitating discussions, introducing presenters, fielding questions, or moderating

 the flow of discussion between participants and presenters with topics in the conflicted area.

[ ]  The educational content was reviewed with consideration of RELEVANT financial relationships disclosed, and upon

 review, **bias was detected and the following action(s) were taken:**

[ ]  Individual contacted and instructed to edit/eliminate areas of concern related to the content

 Date individual contacted:

 Date revised content received and approved:

[ ]  Individual was removed from the activity.

[ ]  Individual was assigned an alternate presentation.

[ ]  Other (explain):

**As an authorized agent, I attest that this conflict was resolved prior to the start date of the activity as stated on this form. Documentation of responses is available upon request.**

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Signature Date