



## Disclosure and Conflict of Interest Resolution

### Personal information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Email: \_\_\_\_\_ Role: \_\_\_\_\_

SMA Activity ID: \_\_\_\_\_ Activity Title: \_\_\_\_\_

### Section 1

#### **Are you an employee of an ineligible company?\***

Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. ACCME Ineligible Company Definitions: <https://www.accme.org/faq/what-accmes-definition-ineligible-company>

\_\_\_\_ Yes

\_\_\_\_ No

#### **Do you have any financial relationship(s) with ineligible companies occurring within the past 24 months?\***

Ineligible companies are 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; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies.

\_\_\_\_ Yes

\_\_\_\_ No

\*If you answered YES to anything in section 1, please complete section 2.

### Section 2

#### **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](http://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.

## Section 2 (Continued)

### Financial Relationship Disclosure

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended (Yes or No)

### Awareness of Actual and Potential Conflicts\*

In your disclosure you identified affiliation with ineligible company(s) that may or may not influence your participation in this activity. Owners or employees of companies shall not be permitted to participate as speakers or other contributing faculty, except in three ACCME-permitted exceptions. Please disclose by checking all that apply.

\_\_\_\_\_ When the content is not related to the business lines or products of the employer/company;

\_\_\_\_\_ When the content is limited to basic science research and they do not make recommendations; and/or

\_\_\_\_\_ When acting as technicians to teach the safe and proper use of medical devices and do not make recommendations.

\_\_\_\_\_ None of the above exceptions apply, therefore I will need further mitigation



## Section 2 (Continued)

**Do you have any financial relationship(s) you are unable to disclose to the learners?\***

\_\_\_\_ Yes

\_\_\_\_ No

## Section 3 "Other Disclosures"

Please describe here anything else you would like to disclose.


### Attestation

By signing below, you are agreeing to each of the following attestation statements related to your participation.

\_\_\_\_ I have disclosed to the SMA all financial relationships.

\_\_\_\_ If changes occur throughout the next 24 months, I will update my Disclosure with SMA.

\_\_\_\_ I have not and will not accept any honoraria, additional payments or reimbursements from an ineligible company related to my role with SMA.

\_\_\_\_ If applicable, I will recuse myself from participating if my participation is related to my declared financial relationship(s), and/or will assist with mitigating my conflict.

## Acknowledge and Acceptance

I have read and understand the terms above and acknowledge the information provided within

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Section 2 (Continued) if extra space is needed

### Financial Relationship Disclosure

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended (Yes or No)