

Conflict of Interest Disclosure

CME Joint Sponsor - Indiana Academy of Ophthalmology

Please return this form to: Kathy Paul *By fax:* 847-680-1682 *Or scan and email to:* Rich@RichardPaulAssociates.com

Disclosure by program participants of any real or apparent conflicts of interest with commercial interests is an important part of the CME accreditation process. **Be sure to review the information on page 2 of this form** and then complete the information requested below and sign. Thank you!

Updated 2/1/2017

Conference Title: _____

Date(s): _____ Location: _____

Participant's name & degree(s): _____

Check appropriate box(es): Instructor/speaker Program planner/manager

Disclosures – Complete all relevant sections below

- Neither I, nor my spouse/partner, have had a conflict of interest within the past 12 months with commercial interests whose products or services may be mentioned in this educational activity. *If you check this box, skip to the signature section below. If you did not check this box, complete the relevant items below.*

List the names of proprietary entities producing health care goods/services consumed by or used on patients with which you or your spouse/partner have had a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner of which you are aware be yours. Attach additional sheets of paper if needed. If none, check the box above and leave this section blank.

Category	Name(s) of commercial entity:
Grants/Research Support	
Consulting Fees	
Speakers' Bureau	
Ownership interest or shareholder	
Salary	
Royalty/Patent Holder	

By signing below, I acknowledge that I have disclosed the required information to the best of my knowledge, and that I have read carefully all of the information contained on both pages of this form and agree to the items listed on page 2.

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Signature of reporting individual

Date

Continue to the next page

Please review carefully the following information. By signing the form on page 1, you acknowledge reading and agreeing with the following statements:

The Indiana Academy of Ophthalmology (IAO), as the joint sponsor for CME, and the organizer of this educational activity have policies to ensure balance, independence, objectivity, and scientific rigor in all continuing education (CE) activities. We must disclose to the audience any real or apparent conflicts of interest (COI) with commercial interests whose products or services may be mentioned in this activity.

Important Definition: The Accreditation Council for Continuing Medical Education (ACCME) defines a "commercial interest" as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A COI exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of continuing education about the product or services of that commercial interest. We are responsible for collecting information from instructors, planners and managers regarding CE content, and for resolving those conflicts prior to the commencement of the CE activity. The intent of the COI resolution process is to assure that provider, faculty and planner financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of CE activities for the profession. Any financial relationship with a commercial interest in the last 12 months is considered a conflict of interest. All the recommendations involving clinical medicine in a CE activity must be based on evidence that is accepted within the medical profession as adequate justification for their indications and contraindications in the care of patients.

Note: Relationships with governmental agencies (e.g., the NIH) do not need to be disclosed.

By signing this form, you attest to the following:

- If you have reported any relationships, those relationships will not impact upon your ability to present an unbiased presentation.
- You agree to disclose any unlabeled/unapproved uses of drugs or products referenced in your presentation/materials.
- The content/presentation with which you are involved will promote improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Your content/presentation will be fair and balanced, evidence-based, and unbiased.
- You have not and will not accept any honoraria, additional payments, or reimbursements specific to this activity from any commercial interest. (Honoraria/reimbursements from the *sponsor* of the program are acceptable.)
- If applicable, you understand that to resolve any COI, IAO and/or the program organizer will review the content/presentation prior to the activity, and that you will make changes or provide content and resources as required.
- If you are providing recommendations involving clinical medicine, they will be 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 support of justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis.
- If you are discussing specific healthcare products or services, you will use generic names to the extent possible. If you need to use trade names, you will use trade names from several companies when available, and not just trade names from any single company.
- If you have been trained by or utilized by a commercial interest or its agent as a speaker (e.g., speakers' bureau), the promotional aspects of that presentation will not be included in any way in this activity.
- If you are presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principles and methods, and will not promote the welfare of the commercial interest.

After reading the foregoing information, be sure to sign the form on page 1 and return to us by fax or email as noted at the top of the form. There is no need to return page 2 with your signed form.