



SPEAKER and/or PLANNER DISCLOSURE FORM

CME Activity Title:	Activity Date:
NAME: Please Print	

BACKGROUND:

As a provider accredited by the Institute for Medical Quality/California Medical Association, the Santa Clara Valley Medical Center (SCVMC) CME Program must ensure balance, independence, objectivity, and scientific rigor in all CME activities. Everyone engaged in content development, planning or presentation must disclose to us throughout the planning and delivery phases, the nature of any relationship with a commercial interest. This includes members of planning committees, staff and faculty. This information is necessary for us to plan this CME activity.

If you refuse to disclose any financial relationships, **you will be disqualified** from being a part of the planning and implementation of this activity.

It is the policy of SCVMC CME Consortium to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Everyone engaged in content development, planning or presentation must answer the question below, complete the Declaration (if applicable) and sign.

Role: (Check one and initial your selection)	Planner?:	*SC County Employee?:	Speaker?:
	Yes <input type="checkbox"/>	*Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Will you and/or plan to receive Honorarium? *Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>*Refer to Honorarium Policy VMC #154.03 - 1) No Santa Clara County employee may be paid honoraria, travel, lodging, registration fees or personal expenses from Commercial Support sources, Commercial Interests, the VMC Foundation, or any other third party. 2) Any Honorarium exceeding \$1,000.00 will require SCVMC CME Committee and MS President approval.</p>			

INSTRUCTIONS:

Please list any financial relationships with commercial interest. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Types of financial relationships requiring disclosure include **ownership or part ownership of commercial interests; membership on boards of directors or trustees or advisory committees of commercial interest; grants or research support from commercial interests** (excluding grants from government or non-profit, independent foundations); **consultant for commercial interests; stock holder** (excluding mutual fund holdings) of commercial interests; **member of speaker’s bureau of commercial interests.**

SCVMC CME Program adheres to ACCME’s policy that relationships of the person involved in the CME activity also include the financial relationships and they must be disclosed if they occurred within the past 12 months (**use the date of the activity as**

reference point) The nature of the relationship and the name of the commercial interest must be noted in the disclosure. **NOTE: No need to indicate a financial amount.**

USE OF THIS INFORMATION:

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The intent of disclosure is not to disqualify a speaker or program planner from participating in and planning of an educational activity but to resolve, in advance, any conflicts of interest that may arise from financial relationships with commercial interests. The SCVMC CME Program has a process to resolve any conflicts of interest and assumes that resolution will be possible. During this process, you may be asked to furnish further information or give assistance in mitigating the impact of commercial interests.

At the time of activity, either in the syllabus or prior to your presentation, your relevant financial relationship will be disclosed to the audience.

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DISCLOSURE -	
<input type="checkbox"/> YES <input type="checkbox"/> NO	In the Past 12 Months , did you or your spouse/partner have a personal financial relationship with any commercial interest, as defined above, that will be disclosed in this CME activity (planner) or in your presentation (speaker/author)?
If NO, skip to Declaration section below, If YES, identify the mechanisms to resolve any conflicts of interest, list your disclosures below.	

COMMERCIAL INTEREST Name of Company	Nature of Relevant Financial Relationship(s) Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights or Other.
1.	
2.	
<p>Presenter/Authors (circle those mechanisms identified to resolve any conflicts of interest)</p> <ul style="list-style-type: none"> I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings. I will recommend an alternative presenter for this topic for the planning committee's consideration. I will submit my presentation in advance to allow for adequate peer review. (Reviewer use Peer Review Evaluation form to be reviewed) <p>Planners (circle those mechanisms identified to resolve any conflicts of interest)</p> <ul style="list-style-type: none"> To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias. I will recuse myself from planning activity content in which I have a conflict of interest. 	

DECLARATION

- I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
- I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

Signature:

Print Name (Presenter/ Planner)

Date

SCVMC Department Use Only:

CME Department Reviewer:

Date of Review: