

Activity Title: _____

Date/s: _____ **Location:** _____

Speakers/authors, please state title of presentation: _____

Commercial supporter(s) of this activity include(s): _____

A commercial interest is defined as any entity procuring, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Non-profit or government organizations and non-healthcare related entities are excluded.

Conflict of Interest Identification

The University of Alabama School of Medicine requires full disclosure of relevant financial relationships to ensure that all CME activities it sponsors are free of commercial influence and bias, all research reported is scientifically valid, all information is accurate and all recommendations are made with the interest of the public placed above any individual interests. The Division of CME requires that anyone who is in a position to influence or control the content of CME activity disclose relevant financial relationships with commercial interests so that any conflict of interest can be identified and resolved prior to the start of the CME activity.

The Accreditation Council for Continuing Medical Education (ACCME) defines relevant financial relationships as financial relationships in any amount occurring within the past 12 months. Please disclose interactions with ANY entity that could be considered broadly relevant to the content of the above CME activity. Report all sources of **revenue paid (or promised to be paid) directly to you, your spouse, or your institution on your behalf within the past 12 months**. This should include all monies from sources with relevance to the content of the above CME activity. Please note that interactions with interests outside of the content area of the above CME activity should also be listed. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants received for work outside of the content of the above CME activity, disclose support ONLY from entities that could be perceived to be affected financially by the above CME activity, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the information to be shared. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, only list the pharmaceutical company.

Your role in this CME activity: Activity Director, Planner, Speaker, Author, Moderator,
 Reviewer, Other-please list _____

Please list **ALL** financial relationships. **If more space is needed, please attach an addendum.**
 Check the box on the far right for any potential conflict related to this activity.

Type of Relationship	No	Money Paid to You	Money to Your Institution*	Entity	Potential Conflict Related to this Activity
1. Grants/research support/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Consulting fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Stock/shareholder (directly purchased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Support for travel to meetings or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Payment for development of educational presentations (be specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Type of Relationship	No	Money Paid to You	Money to Your Institution*	Entity	Potential Conflict Related to this Activity
9. Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10. Royalties (be specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11. Payment for lectures, including service on speakers bureaus (be specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

* This means money that your institution received for your efforts.

Other Relationships:

Are there other relationships or activities that the audience could perceive to have influenced, or that give the appearance of potentially influencing, the context of the above educational activity?

No other relationships/conditions/circumstances that present a potential conflict of interest.

Yes, the following relationships/conditions/circumstances are present (explain below):

I agree that I will:

- Work with the course director to resolve any perceived conflicts of interest related to this activity;
- Inform the audience of any potential conflict of interest, or lack thereof, as determined by the course director and the Division of CME Office, including the use of a mandatory slide #2 that lists potential conflicts;
- Deliver unbiased, objective, evidence-based content and present the source and type or level of evidence;
- Inform the audience if I discuss or reference an unlabeled/unapproved use of a therapeutic agent or device; and
- Inform the audience if I use any information from research supported by any of my financial interests and will demonstrate that the information was obtained through general accepted scientific methods.

I attest that the foregoing information is complete and truthful.

Signature **Print name and degree** **Date**