

Disclosure of Relevant Financial Relationships Form

Name / Credentials:			
	<i>If RN, please include your degree (i.e. AD, Diploma, BSN, Masters, Doctorate)</i>		
Mailing Address:			
Telephone Number:		E-Mail Address:	

Please indicate your role in this CE activity or SHO's CE Program (Check all that apply.):			
<input type="checkbox"/> Presenter / Instructor / Author	<input type="checkbox"/> Emcee / Moderator / Facilitator	<input type="checkbox"/> Nurse Planner	
<input type="checkbox"/> Content Expert / Reviewer	<input type="checkbox"/> Planner / Approval Committee	<input type="checkbox"/> Course Director	
<input type="checkbox"/> Other (including healthcare student, patient, or public representative), please list:			

Purpose: It is the policy of the Suburban Health Organization (SHO) to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, planning committee members, and anyone who has the opportunity to affect the content of the educational activity are required to disclose to the participants any financial relationships related to the subject matter of continuing education (CE) (medical, nursing, and/or allied health) activities/programs. Relationships of spouse/partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CE activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information will be shared in writing (and documented in the activity file) with the participants prior to the education.

Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CE activity.

Step 1: Disclosure of Relevant Financial Relationships (Refer to full definitions on page three.)

Check the statement(s) below that best describes your role in this CE activity and/or SHO's CE program:

- No**, I/we do **not** have/had a relevant personal financial relationship with a commercial interest occurring within the last 12 months. **(Skip to Step 2.)**
- Yes**, I/we **do** have/had a relevant personal financial relationship with a commercial interest occurring within the last 12 months and have control over educational content related to the products and/or services of the commercial interest(s). **(Provide information below. Additional information may be requested to clarify and resolve any potential conflict of interest.)**
- My/our relevant personal financial relationship with a commercial interest does **not** relate to my present role in the CE activity/CE program. My directions, recommendations, or advice will not include decisions/discussion of specific commercial interests or product(s)/service(s) of the commercial entities listed below.
- My/our relevant personal financial relationship with a commercial interest **does** relate to my present role in the CE activity/CE program because it relates to the topic/content of the education and may include discussion of commercial interests or product(s)/service(s) of the commercial entities listed below. **(Please list specific products and services.)**

Name of Commercial Interest	Nature of Financial Relationship		Individual
	What is/was the role? <small>[Employee/owner*, consultant (advisory committee, panel, or board), speaker's bureau/promotional talks, grant/research (principal investigator or working directly for company/company's agent), stock shareholder (self-managed), other] *SHO prohibits employees of a Commercial Interest from participating on the planning committee.</small>	What is/was received? <small>(Salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit). Do NOT include dollar amounts.</small>	Who has the relationship? <small>(Self, or Spouse / Partner)</small>
<i>Example: Company X</i>	<i>Speaker's Bureau</i>	<i>Honorarium</i>	<i>Self</i>

Step 2: Disclosure of Off-Label and/or Investigational Uses

If at any time during the educational activity, I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

No, I do not intend to discuss an off-label/investigative use of a commercial product/device. *(Skip to Step 3.)*

Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s). Explain below.

Step 3: Statement/Rules of SHO/ISMA/ACCME/ONA/ANCC

Please read the statements/rules of SHO/ISMA/ACCME/ONA/ANCC below. Sign and return the completed document to the SHO CE Program. If you have any questions regarding your ability to comply, please contact Terri Neaderhiser, SHO CE Program Administrator, at 317-295-5283, or by e-mail at terrin@suburbanhealth.com.

- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and has adequate justification for their indications and contraindications in the care of a patient.
- Recommendations involving diagnosis and treatment discussed in the presentation will be based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
- All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
- Objectives of my presentation will be consistent with overall objectives of the course, and the content will be relevant to participants needs.
- I have disclosed (via Disclosure Form) to SHO all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to the educational content.
- I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with SHO.
- I understand SHO staff may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that a SHO representative may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any commercial interest), the promotional aspects of the presentation will not be included in any way with this activity.
- If I am a speaker for any commercial interest, the promotional aspects of this relationship will not be included in any way with this activity.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

Step 4: Declaration / Attestation

I have read and agree to the statement / rules listed above. I will uphold the SHO CE standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CE activity. I understand that CE guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited/approved CE provider or its educational partner (or fiscal agent).

By signing or electronically entering my name below, I attest that the completed information is accurate. I also agree to submit an updated form when changes occur. Please accept electronic completion below as my signature.

Signature / Printed Name _____

Date: _____

Thank you for providing us with this information. **Return completed form to: Terri Neaderhiser at terrin@suburbanhealth.com.**

Glossary of Terms as Defined by the ACCME (<http://www.accme.org>)

The ANCC adapted the Standards for Commercial Support from the ACCME. (<http://www.nursecredentialing.org>)

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. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. With respect to personal financial relationships, contracted research includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

Relevant Financial Relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

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.

Resolution of Potential Conflict of Interest

Name: _____

SHO's *Disclosure of Financial Relationship Form* has been reviewed and it has been determined there is:

- _____ **No** financial relationship with an ACCME-defined Commercial Interest.
- _____ **A financial relationship** with an ACCME-defined Commercial Interest and:
- _____ The CE content does **not** relate to products or business lines of the ACCME-defined Commercial Interest.
- _____ The individual is an employee/owner of an ACCME-defined Commercial Interest.
- _____ The individual's spouse/partner is an employee/owner of an ACCME-defined Commercial Interest
- _____ **A relevant financial relationship** with an ACCME-defined Commercial Interest (Includes all four bullets below.).
- A financial relationship between the person (spouse or partner) in control of the content and an ACCME-defined Commercial Interest
 - Any amount
 - In the past 12 months
 - Products/services of the ACCME-defined commercial interest (with which there is a financial relationship) are related to the content of the activity

Action Taken: (Check all that apply.)

- _____ Disclosed to the audience. **Required for all disclosures, even if there is nothing to disclose.**
- _____ Communicated the potential Conflict of Interest with the individual and reinforced agreement to abide by the ACCME guidelines for content and format without commercial bias as listed on this document and the SCS 5.
- _____ Recused from controlling aspects of planning, developing, and/or presenting content which he/she has a conflict of interest.
- _____ Conducted review of planning decisions (for planners) by person(s) that do not have conflicts of interest related to the content.
- _____ Conducted review of content (for authors/presenters) by person(s) that do not have conflicts of interest related to the content.
- _____ Requested documentation of literature showing recommendations are evidence-based medicine, adhering to evidence-based practice.
- _____ Changed the focus of the CE activity.
- _____ Changed the individual's role in the CE activity so that it does not relate to the products/services of the ACCME-defined commercial interest.
- _____ Limited the scope of the presentation/educational content to information without practice recommendations, i.e. basic science research or process of research.
- _____ Limited the scope of the presentation/educational content to allow a technician to teach safe and proper use of a medical device.
- _____ Dissolved the financial relationship with an ACCME-defined commercial interest.
- _____ Identified an alternative speaker.
- _____ Notified course director or designee to monitor activity.
- _____ Activity monitored by the SHO CE Program Administrator, CE staff member, or designee.
- _____ Credits not offered for the portion of the content that had the potential for conflict.
- _____ Other, explain below.

In addition to the above action, participants are given the opportunity to evaluate the objectivity, balance, and bias for all SHO CE activities.

SHO CMO, CE Program Administrator, or Designee

Nurse Planner