A close up of a logo

Description generated with very high confidence

**Return completed form to terrin@suburbanhealth.com or fax to 317-692-5233. Thank you.**

**Disclosure of Financial Relationships Form**

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| **Name / Credentials:** |  | | |  |
| *Please include your degree and credentials (i.e. MD, DO, BSN, MSN, NP, LSW, MSW, LSCW)* | | |  |
| **Mailing Address:** |  | | |  |
| **Telephone Number:** |  | **E-Mail Address:** |  |  |

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| **Please indicate your role in this CE activity or SHO’s CE Program** *(Check all that apply.)***:** | | | | | |
|  | Presenter / Faculty / Author /  Panel Member / PI Team Member |  | Emcee / Moderator / Facilitator |  | Designated Nurse Planner |
|  | Content Expert / Reviewer |  | Planner / Approval Committee |  | Course Director |
|  | 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 learners any financial relationships related to the subject matter of continuing education (CE) (medical, nursing, and/or allied health) activities/programs. Disclosure information is reviewed in advance 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 learners 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 the CE activity.***

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| **Disclosure of All Financial Relationships** (Refer to full definitions and Owner/Employee Self-Assessment on page three.) |

**Please disclose all financial relationships you have or have had in the past 24 months with ineligible companies as defined on page three of this document. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship. There is no minimum financial threshold, please disclose all financial relationships, in any amount, with ineligible companies regardless of the amount and potential relevance of each relationship to the education.**

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

|  |  |
| --- | --- |
|  | **No,** I **do** **not** have/have not had any financial relationship with any ineligible companies (as defined on page 3 of this document) within the last **24 months**. ***(Skip to Page 2.)*** |
|  |
|  | **Yes,** I **do** have/have had any financial relationship with any ineligible companies (as defined on page 3 of this document) within the last **24 months.** ***(Provide information as requested below. Additional information may be requested to clarify any potential conflict of interest. All potential conflicts of interest must be mitigated in advance of the activity. Disclosure information will be shared with the learners prior to the education.)*** |
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| **Name of the**  **Ineligible Company(ies)**  *(Examples of Ineligible Companies are listed*  *on page 3.)* | **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.* ***Do NOT include dollar amounts****.* | **Has the relationship ended?**  **If yes, when?** |
| *Example: Company X* | *Speaker’s Bureau* | *Yes – 7/1/21* |
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*\* Owners and/or employees of Ineligible Companies must complete page 3. SHO prohibits owners and/or employees of Ineligible Companies from participating on the planning committee, developing educational content, and serving as faculty members.*

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| **Faculty 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.

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|  | **No,** I do not intend to discuss an off-label/investigative use of a commercial product/device. |
|  | **Yes,** I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s). Explain below. |
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| **Statement/Rules of SHO/ISMA/ACCME/ANCC to Ensure Content Validation** |

**Please read the statements/rules of SHO/ISMA/ACCME/ANCC below. We would like to enlist your help to ensure the educational content is fair and balanced and that all clinical content supports safe and effective patient care. 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.**

* All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. Citations of work are recommended.
* 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 an ineligible company.
* 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.
* Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
* Content in the accredited education cannot advocate for unscientific approaches to diagnosis or therapy, and cannot promote recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
* Educational content must be free of marketing or sales of products or services. I understand I cannot promote or sell products or services that serve my professional or financial interests during an accredited education.
* I understand SHO staff may need to review my presentation and/or content and check my references prior to the activity, and I will provide educational content and resources in advance, as requested.
* I understand that commercial entity corporate names, product group messages, or logos should not appear on my slides or handouts.
* If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use brand/trade names, I will use brand/trade names from several companies when available, and not just brand/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 an ineligible company or its agent as a speaker (e.g., speaker’s bureau for any ineligible company), the promotional aspects of the presentation will not be included in any way with this activity.
* If I am presenting research funded by an ineligible 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.
* I understand that a SHO representative may be attending the event to ensure that my presentation is educational, and not promotional, in nature.

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| **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 (SHO) 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.**

|  |  |  |  |
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| **Signature / Printed Name** |  | **Date:** |  |

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

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| **Glossary of Terms as Defined by the ACCME** (<http://www.accme.org>)  The ANCC endorsed and adopted *The Standards for Integrity and Independence in Accredited Continuing Education (ACCME®).* (<http://www.nursecredentialing.org>) |

**Ineligible Company (formerly known as “*Commercial Interest”.*)**

Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Examples of Ineligible Companies**

* *Advertising, marketing, or communication firms whose clients are ineligible companies*
* *Bio-medical startups that have begun a governmental regulatory approval process*
* *Compounding pharmacies that manufacture proprietary compounds*
* *Device manufacturers or distributors*
* *Diagnostic labs that sell proprietary products*
* *Growers, distributors, manufacturers or sellers of medical foods and dietary supplements*
* *Manufacturers of health-related wearable products*
* *Pharmaceutical companies or distributors*
* *Pharmacy benefit managers*
* *Reagent manufacturers or sellers*

**Owners and Employees of Ineligible Companies**

*The owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.*

**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.

**Relevant Financial Relationships**

Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of an ineligible company. ACCME focuses on collecting information about **all** financial relationships with ineligible companies in the prior 24-months. There is no minimum threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

**Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CE content about products or services of a commercial interest with which he/she has a financial relationship.

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| **Owner/Employee: Structured Self-Assessment Related to ACCME’s Definition of an Ineligible Company** *\*Owners and/or Employees of a potential Ineligible Company must complete this section.* | **Yes / No** |
| 1. Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care products used by or on patients? |  |
| 1. Does your organization advocate for or on behalf of an ineligible company? |  |
| 1. Does your organization have a parent company that produces, markets, re-sells, or distributes health care products used by or on patients and/or advocates for, or on behalf of, an ineligible company? (A "parent company" is a separate legal entity that owns or fiscally controls an organization.) |  |
| 1. Does your organization have a sister company that produces, markets, re-sells, or distributes health care products used by or on patients? (A "sister company" is a separate legal entity which is a subsidiary of the same parent company that owns or fiscally controls an organization.) |  |
| 1. If Yes to 4, does your organization share management, employees, or governance structure with the sister company? (An example of a corporate structure that meets ACCME’s requirements for independence can be found [here](https://accme.org/faq/what-example-corporate-structure-where-accme-accredited-provider-has-sister-company-ineligible).) |  |
| 1. 4b. If Yes to 4, are any owners, employees, or agents of the sister company involved in the planning, development, or implementation of educational content? |  |
| 1. 4c. If Yes to 4, does the sister company control or influence, in whole or in part, the operations of your organization? |  |

*If you answered yes to any of the questions above, your organization would likely be defined as an ineligible company, and you are not eligible to be on the planning committee or a faculty member for a SHO CE activity.*