**[Insert Organization’s Name]**

**Planner/Presenter Disclosure Form**

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| **DISCLOSURE OF FINANCIAL and NONFINANCIAL RELATIONSHIPS:** *[Organization’s name] adheres to the Standards for Commercial Support of the Accreditation Council for Continuing Education (ACCME), American Nurses Credentialing Center’s Commission on Accreditation (ANCCOA), Accreditation Council on Pharmacy Education (ACPE), Academy of General Dentistry (AGD),* [*American Speech-Language-Hearing Association*](https://www.asha.org/) *(ASHA), and Allied and Mental Health accreditation bodies as appropriate. It is the policy of [Organization’s Name] to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored/co-provided educational activities.* |

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| **Activity Title**:(*Title of conference or series*) |  |
| **Activity Date**: (*Date of conference, event, or calendar year of series*)  |  |
| **Individual’s Name**: (*First, middle, and last name and credentials as applicable–required*) |  |
| **Biography or resume:** *(if speaker, presenter or author)*  |  |
| **Identified participation in Activity:**(*e.g. Speaker, Course Director, Course Coordinator, Planning Committee Member, Author*)  |  |

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| **ATTENTION:** Have you (or your spouse or partner) had *relevant* financial relationships in the last 12 months that relate to the products or services that will be discussed in the activity or in your presentation?Do you have relevant nonfinancial relationships that relate to the products or services that will be discussed in the activity or in your presentation? *Conflicts of interest in continuing education arise when financial and/or nonfinancial considerations, relevant to the course content, compromise or have the potential to compromise professional judgment.* |
| [ ]  **NO** If **NO** see AGREEMENTS below.[ ]  **YES** Please list your DISCLOSURE and APPROACHES TO RESOLUTIONS, below. |

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| **DISCLOSURE:** Nature of Relevant Financial and Nonfinancial Relationship(s) – include all relationships, relevant to the course content, *including any mentioned in your bio*. |
| **Name of company or organization** | **What have your received from the company or organization?** *Salary, stock, honoraria, consulting fee, intellectual property rights, ownership interest, etc.* | **What type of relationship do you have with the organization?** *Speaking/teaching, member of an association that is referenced in the course, family member of friend with the disorder discussed in the course, membership on advisory or review panels, chairing a related voluntary committee, etc.* |
| ***Example*:** Pharma/Device Manufacturer | ***Example:***Honoraria | ***Example:*** Speaker |
| ***Example:*** Professional organization | ***Example:*** Appointment | ***Example:*** Volunteer Chair committee |
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| **APPROACHES TO RESOLUTION:** to prevent bias (real or perceived), I will: |

1. make verbal assurance the relationships will not influence the discussion;
2. adhere to the principle that information presented to the learner must be unbiased, scientifically balanced, and based on best evidence and best practices as currently understood;
3. refrain from the use of brand names and not make recommendations regarding commercial products or services; and,
4. submit my presentation content in advance to allow for adequate peer review.

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| **AGREEMENTS:** |

1. I will ensure that content is not influenced by industry or financial contributors.
2. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor.
3. I will disclose any limitations of data and/or any discussion of off-label, experimental, and/or investigational use of drugs or devices in my presentation.
4. I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
5. All scientific research referred to, reported, or used in accredited activities in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
6. Allow the publication of all relevant financial and nonfinancial relationships in course promotional materials.
7. I will disclose all relevant financial and nonfinancial relationships or state the no relevant relationships exist at the start of the course.
8. Contact [insert name and contact information] if there are changes in relevant relationships that develop after course planning and prior to course delivery.

**Signature**: **Date**:

(*Name and credentials as applicable*)

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**RESOLUTION OF CONFLICTS OF INTEREST/RELEVANT FINANCIAL AND NONFINANCIAL RELATIONSHIPS**

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| **1** | **ACTIVITY INFORMATION** |
|  | **Activity title** |  |
|  |  |
| **Physician Course Director / Program Moderator:** |  |
| **Activity Date(s)** |  |
| I,  *(Reviewer's Name)*, have reviewed the *Disclosure Form* and presentation material for  *(Speaker's Name).* |

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| **2** | **[Insert Organization’s name] PROCEDURES** |
|  | **Initial** | **Please read and initial ALL of the following procedures as they apply to all activity content:** |
|       | **Activity File**The Activity File must contain all proper disclosures, content validation procedures, etc. prior to the activity session date. |
|       | **Peer Evaluation**The Physician Course Director, or the personnel, if applicable, must review the content prior to the start of the presentation. |
|       | **Independent Content Validation**1) Content will be valid and aligned with the interests of the public.2) All recommendations involving clinical medicine are based on best available evidence.3) All scientific research referred to, reported, or used in the activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis. |
|       | **Evaluation**Attendees must be queried regarding their impressions concerning bias within the activity. |
|       | **Elimination**Physician Course Directors, planning committee members, speakers/faculty, teachers, and/or authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources in subsequent certified activities.. |

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| **3** | **METHOD OF RESOLUTION** |

The relevant financial and nonfinancial relationships have been resolved by the following means.
\*Please check all that apply and provide further explanation.

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|  | a) [ ]  | Presentation was reviewed and there is **no** bias identified; and disclosing the relevant relationships is sufficient nmmmmmmmminminitmise |
| b) [ ]  | 1) [ ]  Choose someone else to control that part of the content,2) [ ]  Removal of conflicted material, e.g. slides, brand names, etc.,3) [ ]  Change the content of the person’s assignment,4) [ ]  Limit the content to a report without recommendations and/or5) [ ]  Limit the sources for recommendations. 6) [ ]  Changing the focus of the content so that is does not relate to the relevant relationshipComments:  |
| c) [ ]  | The individual documented the ‘best available evidence’ to support their recommendations. (e.g., individual provided adequate references).  |
| d) [ ]  | Chose not to select the individual as a planner and/or instructional personnel. Comments:  |
|  | Additional Comments**:**  |

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| **4** | **DISCLOSURE TO LEARNERS (When offered for ASHA CEUs)** |

1. Develop the instructional personnel disclosure statement with information from the disclosure form and discussions with the instructional personnel.
2. Send the draftinstructional personnel disclosure statement to the instructional personnel for review and approval.
3. Finalize and provide instructional personnel disclosure statement to potential registrants prior to the start of the course in promotional efforts.
4. Ensure that the agreed upon instructional personnel disclosure statement will be announced (verbally and/or in writing) at the start of the course.

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 **Signature**: *Physician Course Director or Approved Reviewer* **Date**

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