

**HUMBOLDT-DEL NORTE CONSORTIUM FOR  
CONTINUING MEDICAL EDUCATION**

**FACULTY DISCLOSURE AND CONFLICT OF INTEREST FORM**

The Humboldt-Del Norte Consortium for Continuing Medical Education ensures balance, independence, objectivity, and scientific rigor to provide content that is evidence based and free of commercial bias as required by the ACCME Standards for Commercial Support. CME activities promote improvements in health care and not proprietary interests of a commercial interest. Anyone engaged in content development, planning, or presentation of the activity must complete this form. An individual who does not disclose or refuses to disclose is disqualified from participating in the CME activity. Complete disclosure must be provided to learners prior to the activity.

**Live Activity**       **RSS**       **Enduring Material (print)**       **Internet Enduring Material**

**CME Activity Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Role in CME Activity:**     **Presenter**     **Author**     **Course Director**     **Panel**  
    **Planning CMT**     **Other**

**DISCLOSURE**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of commercial interest with which he/she has a financial relationship. As related to presenters in the this CME activity, have you (or your spouse/partner) had a personal financial relationship in the last 12 months with any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients? A commercial interest is an entity producing, marketing, resaling, or distributing healthcare goods or services consumed by, or used on patients.

- No    Skip to Declaration**  
 **Yes    Disclose relevant financial relationships, identify how conflicts will be resolved and sign declaration.**

**COMMERCIAL INTEREST**

Any proprietary entity producing health care goods or services related to this activity (exceptions: non-profit or government organizations)

**NATURE OF RELEVANT FINANCIAL RELATIONSHIPS**

Salary, royalty, intellectual property rights/patent holder, consulting fees (e.g. advisory board), honoraria (e.g. speakers bureau), contracted research, ownership interest (stock, stock options or other ownership excluding diversified mutual funds), or other financial gain from a commercial interest

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## **CONFLICT OF INTEREST RESOLUTION POLICY**

The ACCME considers financial relationships create actual conflicts of interest in CME, when individuals have both financial relationships with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.

All participating faculty, Coordinator and CME Committee members are expected to disclose to the audience, in writing (flyers and evaluation forms at the start of the activity), any commercial relationship that might be perceived as a real or apparent conflict of interest related to the content of their presentations, and unlabeled/unapproved uses of drugs and devices. Detailed disclosures must be made in writing at the beginning of each program.

### **To resolve conflicts of interest, the HDNCME has several options:**

1. All RSS and annual conference presentation are to be reviewed by a CME Committee Physician member, before the activity occurs. If a conflict does not exist, no action will be taken. If a conflict exists, the CME Committee physician member will ask the presenter to refrain from making recommendations on topics in which conflicts exist, and to base recommendations on peer review data.
2. All conference presentations will be reviewed by a sub-committee of the CME Committee.
3. If a conflict arises during a presentation, the CME Committee physician member or appointed moderator will ask questions or make comments to counter the commercial bias.
4. After each activity, program evaluations will be reviewed for an perceived commercial bias. If there is no bias, no action will be taken. If over 10% of the audience perceives bias, the CME Committee will discuss the issue with the participant to avoid future incidents.

### **Additional and supplemental mechanisms to resolve conflict of interest include:**

1. An individual without a conflict of interest replaces the conflicted individual.
2. The conflicted individual attests in writing that the recommendations he/she will make for clinical practice will be based upon data derived from multiple, randomized clinical trials or meta-analyses and will disclose this to the learners.
3. The CME materials (presentation, etc.) prepared by the conflicted individual will be peer reviewed for content validation and fair balance and modified accordingly, if necessary.

### **Presenters, Authors, Course Objectives, Moderators, Panel Members:**

- I will support my presentation and clinical recommendations with the “best available evidence” from the medical literature.
- I will refrain from making recommendations regarding products or services of a commercial entity, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
- I will submit my presentation in advance to allow for adequate peer review.
- I will divest or have divested myself of this financial relationship for 1 year, and allow for future divestment.

**DECLARATION**

- \* I attest that I will comply with ACCME Standards for Commercial Support of Continuing Medical Education to ensure that this CME activity is free of commercial bias or the appearance thereof.
- \* I will base all clinical recommendations on evidence that is accepted within the profession of medicine as adequate justification in the care of patients.
- \* All scientific research referred to in support of a patient care recommendation will conform to generally accepted standards of experimental design, data collection, and analysis.
- \* I will not discuss any unlabeled uses of products without first notifying the learners.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REFERENCES**

Please list the reference you used:

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***OFFICE USE ONLY:***

If **Conflict of Interest** was identified, how were the COI resolved? \_\_\_\_\_

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What steps were taken to resolve these **Conflict of Interest**? \_\_\_\_\_

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**CME Committee Physician Member Assigned:** \_\_\_\_\_

**Please contact the HDNCME at (707) 442-2353 if you have any questions  
Return by email: [ttaylor\\_hdncms@sbcglobal.net](mailto:ttaylor_hdncms@sbcglobal.net) or fax (707) 442-8134**

