

Office of Continuing Medical Education

100 Woodruff Circle, NE, Suite 331

Atlanta, GA 30322

# Financial Relationship Disclosure Form

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| --- | --- |
| **Print Name:** | Click here to enter text. |
| **Choose One:** | Speaker  Course Director  Planning Committee Member  Moderator  Editor |

As an ACCME-accredited provider, Emory University School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its educational activities. The School has implemented a process where everyone who is in a position to control the content of an education activity has disclosed all financial relationships with any **commercial interest – an entity producing, marketing, re-selling, or distributing health care goods or services, consumed by or used on, patients.** All participants, including speakers, planning committee members, and course directors are expected to list any financial relationships (within the past 12 months) you and/or your spouse or partner may have with a commercial interest. You are expected to **1) describe what you and/or your spouse or partner received**, i.e., royalty, research support, honorarium, salary, consulting fees, etc, and **2) describe your role or the role of your spouse/partner** i.e., employee, speaker, contractor, consultant, etc. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you or your spouse/partner may have, this will need to be resolved prior to the activity. **PLEASE NOTE: If you have been employed within the past 12 months or are currently an employee of a commercial interest (as defined above) you will be prohibited from any further participation in this activity**. In order to comply with this requirement, please provide the following information to enable us to move to the next steps in planning this CME activity. **Individuals who refuse to disclose are disqualified from participating in the activity.**

Please list the commercial interest and describe the nature of the financial relationship:

**DESCRIBE WHAT**

### NAME OF COMPANY WAS RECEIVED FOR WHAT ROLE

|  |  |  |
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| **Example: XYZ Company** | **honorarium, consulting fees, etc** | **Speaker, consultant, PI** |
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**I (including spouse/partner) do not have any financial relationships to disclose.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Click here to enter text. | Date | Click here to enter text. |

Revised 10/10; 6/11; 3/12; 4/14; 8/15

FOR OCME USE ONLY: **KK**