

Office of Continuing Medical Education

100 Woodruff Circle, NE

Suite 331

Atlanta, GA 30322

# Worksheet for the Identification and Mitigation of Financial Relationships of Activity Directors and Planners

Use this worksheet to choose a mitigation strategy for each planner who has a relevant financial relationship and implement that strategy before the person assumes their role. **Owners or employees of ineligible companies are excluded from participating as planners or faculty**. **Ineligible companies** are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

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| --- |
| **Name of Peer Reviewer (please print First and Last Name, Credential):** |
| **Title:** |
| **School/Organization:** |

Please review each person’s financial relationship that is relevant to the educational content for this activity

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**PLEASE NOTE: If you have been employed within the past 24 months or are currently an employee of an ineligible company (as defined above) you will be prohibited from any further participation in this activity**.

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| --- | --- |
|  | Using the list below, identify which mitigation strategy(ies) will be used for planners with relevant financial relationships who control the  educational content of the educational activity. You may select multiple strategies but be sure to use strategies appropriate to the role(s)  that each person has. You can also identify your own strategies for mitigation. |
|  | Divest the financial relationship (please explain below) |
|  | Recusal from controlling aspects of planning and content with which there is a financial relationship (please explain below) |
|  | Peer review of planning decisions by persons without relevant financial relationships (please explain below) |
|  | No resolution required (Please explain below) |
|  | Other method (Please explain below) |

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| --- | --- | --- | --- |
| Name of Person | Role(s) in Activity | Step(s) Taken to Mitigate Relevant Financial Relationship | Date Implemented |
| Example: Bob Jones, MD | Planner | Recusal from topic/faculty selection (provide explanation) | 10/28/2023 |
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**Please Sign and Date:** Click or tap here to enter text.

Revised 10/10; 6/11; 3/12; 4/14; 8/15; 5/21;7/21;2/22; 8/23; 1/24

**Explain mitigation strategy here**: