**A logo for a company

AI-generated content may be incorrect.Financial Relationship Disclosure**

**for CME Planners**

|  |  |
| --- | --- |
| **Name** |  |
| **Role (e.g., Planning Committee Member, CME Committee Chair, Activity Director)** |  |
| **Activity or Conference Title** |  |
| **Activity Date OR Planning Year for which Disclosure is Valid** |  |

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with ineligible companies. The ACCME defines an ineligible company as **any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.** The ACCME considers financial relationships a conflict of interest when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CME.

Please indicate any **relevant** financial relationships with ineligible companies you have had within the last 24 months relating to the content of the educational activity. Note: The ACCME does not consider providers of clinical services directly to patients to be ineligible companies unless the provider is owned or controlled by a commercial interest.

Planners need only complete a disclosure form once each year. However, if your financial relationships change, you must submit a new disclosure form.

☐ By checking this box, I affirm that I will notify the UMA Foundation if my financial relationships change and will submit a new disclosure form for activities in which I have control of content.

CHECK ONE OF THE BOXES BELOW:

|  |  |  |
| --- | --- | --- |
| ☐ **I have no relevant financial relationships with any entity producing**, **marketing, re-selling, or distributing** **healthcare goods or services consumed by, or used on, patients.** | | |
| ☐ **I disclose the following relevant financial relationship(s) with entities entity producing**, **marketing, re-selling, or distributing** **health care goods or services consumed by, or used on, patients:** | | |
| **Company** | **Type of Relationship\*** | **Product/Clinical Area** |
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(Attach an additional sheet if necessary.)

**\*Type of relationship may include** independent contractor, consultant, advisory committee, board membership, expert panel, research or other grant recipient, paid speaker or teacher, membership on advisory committees or review panels, intellectual property/patent holder, ownership interest (product royalty/licensing fees, owning stocks, shares, etc) or any other financial relationship.

**Signature & Date**