Office of Continuing Medical Education
University of Michigan Medical School

CME Planner/Faculty Disclosure Form

CME Planner or Faculty Member: _____

CME Activity: _____

CME Activity Date: _____

Purpose. The information you provide addresses several requirements of the Accreditation Council for Continuing Medical Education to help ensure independence in CME activities. Everyone in a position to control the content of a CME activity must disclose all relevant financial relationships with commercial interests to the CME provider. This information must be disclosed to participants prior to the beginning of the activity. Also, CME providers must resolve current conflicts of interest prior to the educational activity.

Definition. Financial relationships relevant to the CME activity are those in which an individual (including the individual's spouse/domestic partner) has both:

(1) a personal financial (any amount) relationship with a commercial interest producing health care goods/services in the past 12 months (whether relationship has now ended or is currently active) and

(2) control in planning or presenting educational content addressing specific products of the commercial interest (not simply a whole class of products as a group).

Disclosure. Regarding my role in this CME activity, currently or in the past 12 months *(check one)*:

☐ **I have/had no relevant personal financial relationship**.

☐ **I have/had both a (1) personal financial relationship** with a commercial interest and (2) will control educational content about the products of the commercial interest. *(Provide information below for each type of relationship.)*

Type of Personal Financial Relationship	Name of Company(s) Whose Products Will Be Addressed	Relationship Status Ended	Relationship Status Current*
Consultant	.....	☐	☐
	.....	☐	☐
	.....	☐	☐
Speaker's Bureau	.....	☐	☐
	.....	☐	☐
	.....	☐	☐
Grant/Research Support (Principal Investigator or working directly for company/company's agent)	.....	☐	☐
	.....	☐	☐
	.....	☐	☐
Stock Shareholder (self managed)	.....	☐	☐
	.....	☐	☐
	.....	☐	☐
Other, e.g., royalty, employee *(describe)*: _____	.....	☐	☐
	.....	☐	☐
	.....	☐	☐

_____ _____

Signature ***Date***

Please return completed disclosure to: _____

_____

by: _____ _____

** Resolution: If current conflicts of interest are present, the person overseeing CME content completes this section.*

To assure independence and balance of content, current conflicts of interest were resolved by the following process *(check one)*:

☐ Peer review ☐ Omitting recommendations for specific products

☐ Individual ended relationship ☐ Recommendations based on structured review for best evidence

☐ Selected an alternative person ☐ Other (describe): _____

Signature (no relevant relationship): _____ Role: _____ Date: _____

If disclosure to participants was verbal, written documentation of the occurrence can be provided by completing this section.

The above disclosure (relationships or their absence) was communicated to participants prior to the beginning of the activity.

Signature: _____ Date: _____