

Division of Continuing Medical Education – University of Iowa Carver College of Medicine

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

As a provider of CME accredited by the ACCME, The UI Carver College of Medicine must ensure balance, independence, objectivity, and scientific rigor in all continuing education activities it sponsors. Our College places a higher priority on the health and well-being of the public than on individuals' personal economic interests. Speakers and program planners for these activities must disclose any relevant financial interests or other relationships with the manufacturer(s) of commercial products. **ANYONE WHO DOES NOT DISCLOSE WILL BE DISQUALIFIED FROM PARTICIPATING IN A CME ACTIVITY.** Please disclose relevant financial relationships of your partner/spouse as well.

Name: _____ Presentation Date: _____

Conference Name & Presentation Title: _____

Role: Course Director/Planner Speaker/Instructor Both

Within the past 12 months have you had a financial relationship with a commercial interest? *A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.*

NO, I have not had a financial relationship with a commercial interest within the past 12 months.
(Proceed to signature line.)

YES, I have had a financial relationship with a commercial interest within the past 12 months.
(List the relationship(s) in the table below. These will be disclosed to the audience.)

Financial Relationship	Companies
Speakers Bureau	
Consultant	
Grant/Research Support	
Stock Ownership (not 401k)	
Other (explain)	

Signature of Person Disclosing

Date

<u>After disclosing, please return this form to:</u>	
Name: _____	E-mail/FAX: _____

FOR OFFICE USE ONLY	
Instructions for Conflict of Interest Reviewer	
1) If this person has nothing to disclose, simply sign and date below.	
2) If this person does have disclosures, complete the Conflict of Interest Resolution Form.	
3) Return all completed forms to your coordinator in the CME Office.	
Reviewer Name: _____	Date: _____

Note: For additional information about disclosures and conflicts of interest, please contact the UI CME Office at 319/335-8599.