

Vanderbilt University School of Medicine
DIVISION OF CONTINUING MEDICAL EDUCATION

Disclosure of Financial Relationships

1. Identification

Title of CME Activity

Date of CME Activity

Name

Institutional Affiliation

2. Role in this CME Activity

Course Director Planner Speaker* Author* Reviewer

*Presentation/Manuscript Title

3. Terms of Agreement

I will inform the participants in this CME activity when I discuss or reference an unapproved, unlabelled, or investigational use of a therapeutic agent or biomedical device.

The information that I am using in my role in this CME activity is based on the educational needs of physicians, rigorous scientific evidence from research or my clinical experience, and was developed independently of commercial influences.

I have NO financial relationships to disclose. (Skip to the bottom of the page to sign and submit this form.)

I or my spouse/partner have/had a financial relationship relative to my involvement in this CME activity as outlined on the chart below. (Use additional sheet if needed.)

4. Instructions for disclosing financial relationships with commercial interests:

- a. As part of ACCME requirements, the information requested below relates to your role in influencing the content of the CME activity listed at the top of this page.
- b. Please indicate any financial relationship in any amount which you or your spouse/partner have/had within the last twelve months that relates to the content of the CME activity listed at the top of this page.
- c. A "Commercial Interest" is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Non-profit or government organizations and non-healthcare related entities are excluded.
- d. Indicate the nature of the relationship by checking one or more boxes below.
- e. Agree to the terms at the bottom of the chart.
- f. Sign and submit this form.

Commercial Interest	Consultant	Research Grant	Speaker Fee	Shareholder	Employee
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I will inform the participants in this CME activity if I use any information from research supported by any of my financial interests and will demonstrate that the information was obtained through generally accepted scientific methods.

5. Signature and Date

I represent that the foregoing information is complete and truthful.

Signature

Date

6. Vanderbilt CME Review

No conflict of interest exists

Apparent conflict of interest, refer to Course Director for review

Division of CME

Date
