



CONFLICT OF INTEREST REPORTING FORM FOR INSTRUCTORS AND PLANNERS OF CONTINUING MEDICAL EDUCATION ACTIVITIES

Because CME activities are conducted in the public interest, it is important to assure the public that education received by physicians and other health care professionals through whom patient care decisions are made is conducted with the highest integrity, scientific objectivity and in the absence of bias. A conflict of interest exists when individuals have both a relevant financial relationship with a commercial interest and the opportunity to affect the content of CME about the product or services of that commercial interest. The Accreditation Council for Continuing Medical Education (ACCME) holds providers of CME responsible for collecting information from all in control of CME content and resolving those conflicts prior to the commencement of the CME activity. The intent of the conflict of interest resolution process is to assure that provider, faculty, planner, and reviewer financial relationships with commercial interest(s) and resultant loyalties do not supersede the public interest in the design and delivery of continuing medical education activities for the profession.

CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

All in control of the content of a CME activity are required to disclose to SfN and CME participants certain information in order to ensure that the program is created and executed without bias. Any relationships disclosed will be reviewed to ensure that identified conflicts of interest are resolved. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner can result in the disqualification of the potential instructor, planner, reviewer, or manager from this activity or the exclusion of the activity from the CME program.

You must disclose:

- Any relevant financial relationships that you have with commercial interest(s)* associated with the CME Program of any amount from the past 12 months ONLY.
- Any relevant relationships to products or devices that you have with commercial interest(s)* associated with the CME Program from the past 12 months ONLY.
- Any relevant financial relationships your spouse or life partner has with commercial interest(s)* associated with the CME Program, or any relationships that he or she has to products or devices that will be discussed in your presentation.**
- Any marketing advice or consulting provided by your spouse or life partner to commercial interest(s)* associated with the CME Program.**

* A *commercial interest* is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are NOT considered to be commercial interests.

**Disclosure of spousal information should be included in your disclosure in the table below.

You do not have to disclose:

- 501-C Non-profit organizations
- Government organizations (e.g., the NIH)
- Non-health care related companies (e.g., publishers)
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks

- Diagnostic laboratories
- Honoraria or consulting funds from a CE provider, even those funds that may have been provided to that CE provider through an educational grant from a commercial interest, **do not have to be disclosed.**

Indicate Applicable Commercial Interest(s) WITHIN THE PAST 12 MONTHS ONLY

Enter only one commercial entity in each text box. You may enter as many relationships as necessary by clicking "Add" each time. If you do not have any relationships with a commercial interest, you must indicate this by clicking the box below.

I Have Nothing to Disclose.

A. Employment/Salary (full or part-time):

Affiliation: _____

B. Contracted Research/Research Grant (principal investigator for a drug study, collaborator or consultant and pending grants as well as grants already received). If you are a **principal investigator** for a drug study, you must report that research relationship here even if those funds came to an institution.

Affiliation: _____

C. Other Research Support (receipt of drugs, supplies, equipment or other in-kind support)

Affiliation: _____

D. Fees for Non-CME Services Received Directly from Commercial Interest or their Agents' (e.g., speakers' bureaus)

Affiliation: _____

E. Ownership Interest (stock, stock options, royalty, receipt of intellectual property rights/patent holder, excluding diversified mutual funds)

Affiliation: _____

F. Consulting Fees (e.g., advisory boards)

Affiliation: _____

Other:

Affiliation: _____

I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

Sign Name: _____

Print Name: _____