

CME Case Discussion & Literature Review Speaker Form

For Speakers at Case- or Literature-Discussion Conferences

INSTRUCTIONS: Save this form to your computer, enter the information requested below, save it, and email it back to the Activity Coordinator at least 1 week prior to the activity. CME Presenters only need to complete this form once each calendar year per activity.

SPEAKER / PRESENTER INFORMATION	
Name (with credentials):	
Email:	Phone Number:
SPEAKER ROLE(S) – Please indicate your role(s) in this educational activity. Check all that apply.	
Role in CME Activity	<input type="checkbox"/> Speaker or Presenter: Session Title(s): _____ <input type="checkbox"/> Author: Session Title(s): _____ <input type="checkbox"/> Moderator
FINANCIAL DISCLOSURE (This section must be completed by the speaker for him/herself.)	
All individuals involved in developing the content either in the planning or presenting of CME-certified educational activities must provide financial disclosure of all relationships with ineligible companies. Financial relationships* are defined as relevant if the educational content is related to the business lines or products of the ineligible companies. Disclosure includes financial relationships of any dollar amount, as well as relationships that occurred in the 24-month period preceding the time that you have been asked to assume a role in controlling the content of the CME activity.	
*Relationship types including but not limited to employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	
Within the past 24 months, have you had a financial relationship in any amount with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients? <input type="checkbox"/> NO <input type="checkbox"/> YES – List those financial relationships below and provide the following information about them:	
Company(ies):	Type of Relationship(s):
ATTESTATIONS: Please read the following attestations.	
<ul style="list-style-type: none"> • I have disclosed all relevant financial relationships. My financial relationships will <u>not</u> influence or bias the education at this activity. I will contact the Office of CME if there are any changes to my financial relationships prior to the start of the activity. • The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills & professional performance & relationships that a physician uses to provide services for patients, the public or the profession. • The education I provide will be fair & balanced and any clinical content supports safe and effective patient care. <ul style="list-style-type: none"> ◆ All recommendations I provide for patient care will be based on current science, evidence and clinical reasoning and will give a fair and balanced view of all diagnostic and therapeutic options. ◆ All scientific research that I refer to, report, or use in support or justification of my patient care recommendations will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. ◆ I will clearly identify any new or evolving topics that I address within my presentation, and I will do so without advocating for practices that are not based on current science, evidence, and clinical reasoning. • The accredited education I provide in my educational materials (slides, abstracts, handouts, etc.) will be free of marketing or sales of all products/services including logos, trade names, or product group messages, and I will <u>not</u> actively promote or sell products/services that serve my professional interests. • I will obtain permission to use any materials and information used for my presentation to ensure that it does <u>not</u> violate any third-party copyrights or other property rights. • I acknowledge that the Office of CME may need to review my presentation prior to the activity and/or may have someone attend or monitor the activity to ensure that the presentation is educational and not promotional in nature. • By typing or signing my name below, I attest that the above information is accurate and complete, and I agree to comply with the policies above as I administer this CME activity. 	
SIGNATURE: (Type or sign name)	DATE: