

## Disclosure of Financial Relationships with Commercial Interests

The American Association for Physician Leadership® (The Association) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and, as such, is required to meet the ACCME's expectations for our practice of continuing medical education.

The ACCME believes that the potential to introduce commercial bias that threatens the integrity of the CME enterprise occurs when individuals who are in a position to control the content of CME have financial relationships with commercial interests. To help ensure that its CME activities are free of commercial bias, the Association has implemented a process where everyone in a position to control the content of a CME activity - whether involved in its development, management, presentation or evaluation - will be required to disclose all "relevant financial relationships" with any "commercial interest".

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity. In addition, any actual or potential conflicts of interest that exist as a result of such financial relationships must be resolved prior to the CME activity.

### Financial relationships & Relevant Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. "Relevant" financial relationships" are defined as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

### Commercial Interest

The ACCME defines a "commercial interest" as 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. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations, Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, Diagnostic laboratories

### Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

TODAY'S DATE:	NAME:	
CME COURSE/ACTIVITY NAME: <b>2017 American Association for Physician Leadership® Annual Meeting; New York City, NY</b>		
DATE OF ACTIVITIES:	<b>April 21-23, 2017</b>	ROLE: (Planner, Implementer, Faculty): <b>Faculty</b>

**NO:** Neither I nor my spouse/partner have any "relevant financial relationships" to disclose in the last 12 months.

**YES:** I or my spouse/partner have "relevant financial relationships" to disclose in the last 12 months (complete chart below).

"Commercial Interest" (as defined above)	Nature of "Relevant Financial Relationship" (as defined above)	
	Include all those that apply	
	What I received	My role
<i>Example: Company 'X'</i>	<i>Speaker Fee</i>	<i>Promotional Speaker</i>

**What was received:** Salary, royalty, intellectual property rights, research grant, consulting fee, speaker fee, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

## Disclosure of Financial Relationships with Commercial Interests

Please indicate your understanding of and willingness to comply with each statement below.

Agree	Disagree		
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information (slides, abstracts, handouts) with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and free of inappropriate commercial influence.	
<input type="checkbox"/>	<input type="checkbox"/>	Educational materials that are a part of this activity, such as slides, abstracts, and handouts, will not contain any advertising, trade names, or product-group messages. <b>No branding will be present.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity beyond that which has been agreed upon directly with the Association.	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the Association may need to review my presentation and/or content prior to the activity, and I will provide educational content in advance as requested.	
<input type="checkbox"/>	<input type="checkbox"/>	I take responsibility for copyright compliance within my presentation, handouts, and activities of my Association activity. US Copyright Office: <a href="http://copyright.gov/">http://copyright.gov/</a>	
<input type="checkbox"/>	<input type="checkbox"/>	I agree that the materials in my presentation are in compliance with the Health Insurance Portability and Accountability Act (HIPPA) and any other applicable laws governing the use and disclosure of patient information.	
Agree	Disagree	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting at a live event, I understand that an Association monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in this activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific health care product of services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or used by a commercial entity or its agent as a speaker (e.g., speakers' bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

**I have carefully read and considered each item on this form, and have completed it to the best of my ability.**

**By typing your name below, you agree with the aforementioned statement.**

SIGNATURE:	DATE:
------------	-------