

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Disclosure of Relevant Financial Relationships

It is policy of the Medical Society of The State of New York's Office of Continuing Medical Education to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity.

CME Activity Title: ASAIO – IFAO Annual Conference **Title of Presentation:**

Live Presentation Date: _____ **-or-** **Home Study/Enduring Materials/CD/Online**

Please indicate your role in this CME activity: check all that apply **Presenter** **Author** **Course Director**
 Moderator **Planning Committee Member**

Name: _____ **Title:** _____ **Phone:** _____ **E-mail:** _____

Commercial Interest Funding this Program: _____

DISCLOSURE

YES **NO** Have you (or spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?
If NO, skip to DECLARATION section below. If YES, please list your disclosures and resolutions below.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other (specify)
1.	
2.	
3.	
4.	
5.	

RESOLUTION OF CONFLICT OF INTEREST

Presenter/Authors

- I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
- I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee's consideration.
- I will submit my talk in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

Planners

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.

DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. **(HIPAA)**

Signature _____ **Date** _____

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved and disclosure will be made to activity participants.

FACULTY DISCLOSURE POLICY

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians, the Medical Society of The State of New York, must ensure balance, independence, objectivity and scientific rigor in all its directly sponsored or jointly sponsored educational activities. We are required to identify all relevant financial relationships with any commercial interest; determine whether these relationships create a conflict of interest with the individual's control of content and resolve all conflicts before the educational activity occurs.

The Medical Society of The State of New York relies upon Course Directors, planners, moderators and invited faculty participants in its CME programs to provide educational information that is objective and free from bias. In this spirit, and in accordance with the ACCME Standards for Commercial Support, Course Directors, planners, moderators and faculty participants are expected to disclose the existence of any significant financial interest or other relationship the faculty member (spouse or partner) or provider has with the manufacturer of any commercial product discussed in an educational presentation.

All are expected to disclose:

- Any relevant financial relationship with the provider of commercial products or services discussed in their educational presentation or that have directly supported the CME activity through an educational grant to the sponsoring organization(s).

And

- If the product he/she will be discussing is not labeled for the use under discussion or that the product is still investigational.

NOTE: The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME considers relationships of the person involved in the CME to include financial relationships of a spouse or partner. All commercial relationships that create a conflict with the faculty's control of content must be resolved before the educational activity occurs.

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