

CME Disclosure Policy Requirement for  
instructors, planners, CME managers for sponsored  
conferences.



## Disclosure Form 2008 for instructors, planners, and CME managers

As a sponsor accredited by the ACCME, **Marshall University Joan C. Edwards School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities.** *All instructors, planners, and CME managers* participating in a sponsored activity are expected to **disclose to the activity audience** any discussion of an **Unlabeled use** of a commercial product or an **investigational use** not yet approved for any purpose by the FDA, OR, **any relevant financial interest or other relationship** 1) with the manufacturer(s) of any commercial products(s) and/or provider(s) of commercial services discussed in an educational presentation and 2) with any commercial supporter(s) of the activity. **Relevant (any) financial interest or other relationship** include such things as grants or research support, employee, consultant, major stock holder, member of a speakers bureau, etc. **The intent** of this disclosure **is not** to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the **audience to determine** whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

\*\*\*\*\**Complete and return to CME prior to the date of the educational activity*\*\*\*\*\*

\*Instructor, Planner, Manager **NAME:** *Please Print* \_\_\_\_\_

\***What CME Activity (ies) ?** \_\_\_\_\_

**Section A: PRODUCTS Discussed–** *Please complete the following as it applies to your presentation.* **1. Unlabeled Use** (Product does not have an FDA-Approved indication for the use under discussion)

\_\_\_ **I do not anticipate** discussing unlabeled uses of any commercial products in this educational activity.

\_\_\_ **I anticipate** discussing the following unlabeled use(s) of the following product(s):

*Product:* \_\_\_\_\_

Unlabeled use to be discussed: \_\_\_\_\_

*Product:* \_\_\_\_\_

Unlabeled use to be discussed: \_\_\_\_\_

**2. Investigational Products** (Not approved by the FDA for any purpose.)

\_\_\_ I do not anticipate discussing any investigational products in this educational activity.

\_\_\_ I anticipate discussing the following investigational product(s):

*Investigational product:* \_\_\_\_\_

Use to be discussed: \_\_\_\_\_

*Investigational product:* \_\_\_\_\_

Use to be discussed: \_\_\_\_\_

### Certification:

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that as a requirement of the ACCME, any references to unlabeled uses of commercial or investigational products for indications not yet approved by the FDA must be disclosed to the audience during a live presentation (verbally or printed on evaluation) and clearly indicated in enduring materials.

**I Confirm:**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete Section B: Affiliations**

**Section B: Affiliations –Disclosure Form 2008** –instructors, planners, CME managers

Do you now or have you in the past had in the past 12 months a relevant (any amount) financial interest, arrangement, or affiliation (direct or indirect payment) with a commercial company or with the grantor (s) whose products you may discuss in your educational activity presentations or enduring materials?  No  Yes

(If yes, complete the following): Type affiliation, company name, % of income, financial remuneration.

No  Yes 1. Formal advisory activities (e.g. scientific boards) Company name(s) \_\_\_\_\_

No  Yes 2. Specific research activities  
Company name(s) \_\_\_\_\_

No  Yes 3. Full-time/part-time employment  
Company name(s) \_\_\_\_\_

No  Yes 4. Development of educational materials. Company name(s) \_\_\_\_\_

No  Yes 5. Speakers' bureau  
Company name(s) \_\_\_\_\_

No  Yes 6. Product royalty/licensing fees  
Company name(s) \_\_\_\_\_

No  Yes 7. Relevant holdings owned by you or any member of your family in any commercial company whose product(s) or services you may discuss in your presentation(s)

Company name(s) \_\_\_\_\_

No  Yes 8. Are you aware of any other financial relationship between yourself and any commercial company whose product(s) you might discuss in your presentation or enduring material?

Company name(s) \_\_\_\_\_

Months or years affiliated?	% of income	Category of Annual Remuneration				
		\$1-\$5000	\$5000-\$10000	\$10000-\$25000	\$25K to \$50K	\$50k plus
Your relevant holdings in the past 12 months? i.e. \$amount or % of shares owned?						

**Certification:**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that relevant financial relationships (past 12 months) with any commercial company whose product(s) I may discuss in my educational presentation or enduring material must be disclosed prior to, will be listed in materials for, CME certified activities. Confirm Below.

**Conflict of Interest:** Do you feel that you have a Conflict of Interest as a speaker at sponsored events based on the Disclosure information presented by you on Page 1 and Page 2?

Yes  NO. Confirm below.

If Yes, Explain: \_\_\_\_\_

**I Confirm:**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

RETURN both Forms (sections A & B) to CME, MUJCESOM, G407, 1600 Medical Center Drive, Huntington, WV 25701-3655. FAX (304) 691-1783 or email [baileyd@marshall.edu](mailto:baileyd@marshall.edu).