



Activity Title:		Activity Date:	
Name:			
Role(s) in Activity (check all that apply)	<input type="checkbox"/> Course Director <input type="checkbox"/> Activity Planner <input type="checkbox"/> Faculty/Speaker <input type="checkbox"/> Moderator <input type="checkbox"/> Reviewer		
Content Area or Title of Presentation:			

SECTION ONE: Disclosure

Have you (or your spouse/partner) had a relevant financial relationship in the last 12 months with any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients that is relevant to or could be impacted by content included in this activity?

'NO: Read attestation statement on the next page and sign on the bottom of the next page.

YES: List relevant financial relationship(s) below, read attestation statement on the next page, and sign on the bottom of the next page.

Recipient: Self or Spouse/Partner	Company	Description of Financial Relationship	Content Area of Relationship (if applicable)
<i>Example: Self</i>	<i>XYZ Company</i>	<i>Grant/Research Support, Consultant</i>	<i>Breast Cancer Research</i>

(Add an additional sheet if necessary)

SECTION TWO: Resolution of Conflict of Interest

This section is to be completed by a non-conflicted Course Director or designated non-conflicted physician or BCH CMED staff member. If relevant financial relationships are reported above by faculty, speakers, or moderators, please complete the peer review of content as described below and indicate whether any other methods of resolution are used.

Please note: Conflicts of Interest for Course Directors or Course Planners will be resolved by the BCH CMED office using a peer-review method. If a Course Director or Course Planner will also be speaking during the activity, the section below will need to be completed by a designated non-conflicted Course Director or Planner.

Required Resolution Method for Faculty/Speakers

Peer-review of content: The Course Director, designated non-conflicted physician, or BCH CMED staff member reviewed the content prior to the start of the presentation and determined the following:

- No commercial bias was perceived – no changes to the presentation are required.
 Commercial bias was perceived and the following changes were made:

Additional Resolution Methods for Faculty/Speakers/Reviewers

<input type="checkbox"/> Reported relationship(s) is not relevant to the activity content. Explain why not relevant:	<input type="checkbox"/> The individual refrained from making recommendations or reviewing content on specific products/and or services on topics in which the conflict exists.
<input type="checkbox"/> Any discussion of product or services of the commercial interest was based on best available evidence or peer-reviewed data.	<input type="checkbox"/> The individual limited the sources for recommendations to those identified by the Course Director (e.g. summaries from the systematic reviews of the Cochrane Collaboration, AHRQ Effective Health Care Program, etc.).
<input type="checkbox"/> The individual limited the content to data and information while other faculty members address diagnostic and treatment recommendations.	<input type="checkbox"/> The individual discontinued the financial relationship with the commercial interest(s).
<input type="checkbox"/> Removed <i>AMA PRA Category 1 Credit™</i> from this portion of the educational activity.	

Resolution Method for Moderators Only

Individual limited his/her role to the introduction of speakers, fielding questions, and moderating the discussion between participants and speakers.

After completing the resolution process and the above grid, please list your name and role in the activity. Electronic signatures are acceptable.

Name:	Role:
Signature:	Date:



As an individual in a position to control the content of this educational activity, I attest to the following:

- I have disclosed all relevant, or lack of, financial relationships, and I will disclose this information to learners.
- I have reviewed and agree to comply with the ACCME Standards for Commercial SupportSM, Accreditation Criteria, and HMS CME policies and procedures.
- All the recommendations involving clinical medicine related to my content 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 my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type or level of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.).
- Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.
- For any drug/product discussed, I will objectively select and present data, fairly present both favorable and unfavorable information about the drug/product, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion will be supported by evidence-based data.
- If I am discussing specific healthcare products or 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.
- If I am discussing any drug/product use that is unlabeled or investigational, I will disclose that the use or indication in question is not currently approved by the FDA.
- If I have been trained or engaged by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
- I attest to compliance with all applicable laws, including copyright laws.
- If I am an employee of a commercial interest, I will not present information on the business lines or products of my company. I understand that my presentation must be submitted for review prior to the beginning of the activity.
- I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity from a commercial entity.
- I understand that a non-conflicted medical reviewer may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Your signature indicates that you have read this form in its entirety and that you agree with the statements above. You may provide comments below.

Signature:

Date:

If you have any comments regarding the above statements, please provide below: