

Office of Continuing Medical Education – University of Illinois College of Medicine

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

As a provider of continuing medical education (CME) accredited by the Accreditation Council on Continuing Medical Education (ACCME), the University of Illinois College of Medicine must ensure balance, independence, objectivity, and scientific rigor in all CME activities it provides certification for. The College of Medicine prioritizes the health and well-being of the public above personal financial interests. Individuals in control of content for a CME activity, such as activity directors, planning committee members, and speakers, must disclose any relevant financial interest(s) and/or other relationships with the manufacturer(s) of commercial products. Any individual who fails to disclose will be disqualified from participating in a CME activity. In addition, please disclose any relevant financial relationships of your partner/spouse.

Name: _____ Presentation Date: _____

Conference Name & Presentation Title: _____

Role: Course Director/Planner Speaker/Instructor Both

Within the past 24 months have you had a financial relationship with an ineligible commercial interest? A commercial interest is 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 – unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

NO, I have not had a financial relationship with a commercial interest within the past 24 months. (Proceed to signature line.)

YES, I have had a financial relationship with a commercial interest within the past 24 months. (List the relationship(s) in the table below. These will be disclosed to the audience.)

Financial Relationship	Companies
Speakers Bureau	
Consultant	
Grant/Research Support	
Stock Ownership (not 401k)	
Other (explain)	

Signature of Person Disclosing

Date

After disclosing, please return this form to:

Name: _____ E-mail/FAX: _____

FOR OFFICE USE ONLY

Instructions for Conflict of Interest Reviewer

- 1) If this person has nothing to disclose, simply sign and date below.
- 2) If this person does have disclosures, complete the Conflict of Interest Resolution Form.
- 3) Return all completed forms to your coordinator in the CME Office.

Reviewer Name: _____ Date: _____

Note: For additional information and/or questions concerning disclosures, please contact the UICOM CME Office at 312-996-1621.