

**UCI Office of Continuing Medical Education  
DISCLOSURE FORM**

It is the policy of the University of California, Irvine School of Medicine and the University of California CME Consortium 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 will not participate in the CME activity.

CME Activity Title: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Live Presentation Date: \_\_\_\_\_ -or-  Home Study/Enduring Materials

Please indicate your role in this CME activity:  Presenter  Author  Course Director  Moderator  Planning Committee Member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DISCLOSURE**

YES  NO Have you (or your spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be discussed in this CME activity (planner) or in your presentation (speaker/author)?

If **NO**, skip to **UNLABELLED USE OF DRUGS OR DEVICES** section below. If **YES**, please list your disclosures **and** approaches to resolutions below and then complete unlabelled use.

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
1.	
2.	
3.	
4.	
5.	

The following mechanisms have been identified to resolve conflicts of interest. **For non-UCI speakers**, if a possible conflict of interest has been identified above, you must forward your presentation for peer review **PRIOR** to the activity (please check below).

Please check all that apply:

Presenter/Authors

- I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature. See suggested sources of best evidence at [www.aafp.org/x3139.xml](http://www.aafp.org/x3139.xml).
- 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 presentation 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 excuse myself from planning activity content in which I have a conflict of interest.

**UNLABELLED USE OF DRUGS OR DEVICES**

Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

- I will not discuss the use of any unlabelled/unapproved drugs or devices
- I will be discussing the use of an unlabelled drug or device. (Please list the drug/device and its purpose)

\_\_\_\_\_

**DECLARATION**

1. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
2. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)
3. I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you return this form via email, using your own email address, no signature is required.**

Please return this form to the program organizer. If you have questions about this policy, please contact OCME (949.824.9163)