

Disclosure of Relevant Financial Relationships for any individuals in a position to control the content of an educational activity

Name of Activity: _____

The Society of Hospital Medicine (SHM) is accredited by the ACCME to provide CME for physicians. As such, SHM must ensure balance, independence, objectivity and scientific rigor in all its educational projects. The purpose of this form is to assist us in identifying any conflicts of interest that may adversely impact the integrity of CME. For SHM’s full conflict of interest policy, please see the attached document titled “**SHM Policy for the Identification, Resolution and Disclosure of Conflict of Interest in the Creation of CME.**”

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest (defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). For information on ACCME policies and definitions, please visit www.accme.org, Standards for Commercial Support, Standard 2.

All faculty, authors, committee members, board members, staff and anyone else that influence content creation for SHM educational activities, quality improvement program and/or resource development are required to disclose to SHM and subsequently to learners any/all relationships with commercial interests if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest. The principal intent of this disclosure is *not* to prevent an individual with such relationships from participating in the activity, but to allow SHM to assess potential conflict of interest and work with you to resolve that conflict.

If there is any uncertainty about whether or not there is a potential conflict, the individual should err on the side of full disclosure. **Individuals must complete and submit this form in order to serve as faculty, authors, speakers, planning committee members or to in any way influence or create the content for this educational activity. Individuals who refuse to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.**

Section I: I have read SHM’s disclosure policy and I declare the following:

- I/My spouse/partner have no relevant financial relationships with commercial interests.
- I/ My spouse/partner have the following relevant financial relationships with commercial interests.
(Please indicate the companies with whom you have a relationship and the nature of your role below.)

TYPE OF RELATIONSHIP	NAME OF Commercial Interest (entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients)	What was RECEIVED? Salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	CLINICAL/RESEARCH AREA
Employment			
Consulting			
Advisory Committee/Board			
Speakers Bureau, Faculty, Peer Reviewer (honoraria or other payment)			
Patent Owner			
Royalties			
Research Grants/Contracts			
Stock Options/Holdings			
Other (please describe)			

Section 2:

I agree that any content I create or influence as part of this SHM Educational activity will be free of control of a commercial interest.

Agree Disagree

I will provide the educational content and resources for independent peer review as requested by SHM staff or project leaders.

Agree Disagree

I will not accept advice, services, content, or edits from a commercial interest that will influence the content of this educational activity.

Agree Disagree

I will only accept support for my role in this activity from SHM staff, including honoraria, transportation, lodging and any other remuneration.

Agree Disagree

The content that I create or influence for this activity will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Agree Disagree

My presentations, content and/or participation will provide a balanced view of therapeutic options and I will use generic names where possible. If I use trade names in CME educational material, I will use trade names from several companies, where possible.

Agree Disagree

The information I provide on this form will be made known to the planners and participants of the educational activity.

Agree Disagree

My presentation will not include discussion of off-label, experimental or investigational use of drugs or devices.

Agree Disagree

If disagree, please indicate the devices/drugs that will be discussed:

Section 3:

I hereby accept the invitation to participate as: *(Check all that apply.)*

Faculty Author Staff Planning Committee Member Committee member (which one? _____)

Editorial Group/Board Other _____

I have carefully considered each item and have answered all of these attestations to the best of my knowledge.

Signature _____ Print Name _____ Date _____