

CME Disclosure and Attestation Form

Course #		Activity Date:	
Course/Series Name			
Presentation Title(s)/Topic(s)			
Faculty Name			
Role(s) in CME Activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Chair		
<p>The disclosure and attestation form must be completed by all persons involved in UW CME accredited activities who have the opportunity to control content. The purpose of this form is to identify all potential relationships, no matter the financial amount, with an ineligible entity, within the last 24 months. <u>Refusal to disclose will result in disqualification from participation.</u></p> <p>It is the policy UW CME to ensure balance, independence, objectivity, and scientific rigor in all of its educational programs. Conflicts develop when an individual has an opportunity to affect CME content about the products or services of an ineligible entity with which he/she has a financial relationship. The intent is to openly identify any such relationships so that a) the Office of CME can identify and mitigate any conflict which may have been created and b) so that learners may form their own opinions as to whether the faculty perspective reflects possible bias in either exposition or conclusion.</p> <p style="text-align: center;"><i>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i></p>			
Please select the appropriate box (X)			
<input type="checkbox"/>	No , I have NOT had any financial relationships with any ineligible entities within the past 24 months.		
<input type="checkbox"/>	Yes , within the past 24 months I HAVE/HAD a financial relationship with an ineligible company. <i>(If selected, please list the applicable relationships below)</i>		
<p><i>Nature of relationship(s): salary, honoraria, royalty, intellectual property rights, ownership interest, stock holder, consultant, speakers bureau, teaching, grant or research support, advisory committee, review panels, or other (please describe).</i></p>			
<u>Nature of Relationship(s)</u> List Relationships	<u>Ineligible Entity</u> Name of Company(s)	Relationship Ended?	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<p><u>Declaration:</u> In order to participate in the accredited offering, please attest to the following:</p> <ul style="list-style-type: none"> • recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options; • all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation; • new and evolving topics for which there is a lower (or absent) evidence base are clearly identified as such; • I will notify UW CME or the course planner should my disclosures change; • content excludes any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. 			
Signature:			Date: