

SAINT MARY'S HOSPITAL  
DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

This form must be completed by all speakers, faculty and planners. Any individual who refuses to disclose financial relationships will be disqualified from planning and implementing the activity.

CME Program \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Role: Speaker [ ] Planner [ ] Faculty [ ]

CME Topic (If applicable) \_\_\_\_\_

**Having had a relevant relationship (see below definition of financial relationship and commercial interest) in the past twelve months with a corporate organization does not prevent a speaker from making a presentation, but the relationship must be disclosed and resolved. If relevant financial relationship is disclosed please fill out page 2.**

1. My financial relationships relevant to this CME topic are as follows: (if none, write "none".)

**Nature of Relationship**

**Name of Corporate Organization(s).**

Grant/Research Support) \_\_\_\_\_

Consultant \_\_\_\_\_

Speaker's Bureau \_\_\_\_\_

Stock Shareholder \_\_\_\_\_

Other Financial or Material Interest \_\_\_\_\_

The ACCME defines financial relationships are those relevant financial relationships (within the last 12 months) in which the individual benefits by receiving a consulting fee, honoraria, salary, royalty, intellectual property rights, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as consulting, speaking and teaching, membership on advisory committees or review panels, employment, management position, independent contractor (including contracted research), board membership, and other activities from which remuneration is received, or expected. The ACCME define commercial interest as an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

2. I determined my lecture's educational objectives and its selected content free of the control of any commercial interest.

\_\_\_\_\_  
Signature

**If relevant financial relationship is disclosed page 2 must be completed.**

## Resolution of Financial Relationships

THIS FORM MUST BE COMPLETED IF RELEVANT FINANCIAL RELATIONSHIP  
WITHIN THE LAST 12 MONTHS HAS BEEN DISCLOSED

Please be informed of the following:

- ◆ A verbal announcement must be made to the audience of the relationship prior to speaker's presentation. This includes: the name of the speaker, the nature of the relationship and the name of the company with which the speaker has a relationship.
- ◆ The specific CME Program coordinator must ensure that disclosures are submitted to the STMH CME Coordinator.
- ◆ Inability to successfully resolve potential conflicts of interest may jeopardize the accreditation of the program.

CME Program \_\_\_\_\_

Date of the Program \_\_\_\_\_

I affirm that my professional actions or decisions are not determined by considerations of personal gain, financial or otherwise, in respect to the above presentation. I agree to announce such disclosure to audience prior to my lecture.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_