



Financial Relationship Disclosure Form

Print Name: _____

Choose One:

- Speaker Course Director Planning Committee Member
 Moderator Editor

As an ACCME-accredited provider, Emory University School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its educational activities. The School has implemented a process where everyone who is in a position to control the content of an education activity has disclosed all financial relationships with any **commercial interest – an entity producing, marketing, re-selling, or distributing health care goods or services, consumed by or used on, patients**. All participants, including speakers, planning committee members, and course directors are expected to list any financial relationships (within the past 12 months) you and/or your spouse or partner may have with a commercial interest. You are expected to **1) describe what you and/or your spouse or partner received**, i.e., royalty, research support, honorarium, salary, consulting fees, etc, and **2) describe your role or the role of your spouse/partner** i.e., employee, speaker, contractor, consultant, etc. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you or your spouse/partner may have, this will need to be resolved prior to the activity. In order to comply with this requirement, please provide the following information to enable us to move to the next steps in planning this CME activity. **Individuals who refuse to disclose are disqualified from participating in the activity.**

Please list the commercial interest and describe the nature of the financial relationship:

NAME OF COMPANY	DESCRIBE WHAT WAS RECEIVED	FOR WHAT ROLE
<i>Example: XYZ Company</i>	<i>honorarium, consulting fees, etc</i>	<i>Speaker, consultant, PI</i>

I (including spouse/partner) do not have any financial relationships to disclose.

Signature _____ Date _____

FOR OCME USE ONLY: KK
