



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. **PLEASE NOTE: If you have been employed within the past 12 months or are currently an employee of a commercial interest (as defined above) you will be prohibited from any further participation in this 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:
