

DISCLOSURE / CONTENT VALIDATION FORM

Participants of an accredited activity are required to disclose personal financial relationships, current or within the past 12 months, with a commercial interest that are relevant to his/her presentation topic(s) or general participation in the stated activity. Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits; AND has the opportunity to affect program content relevant to products or services of that commercial interest. A Commercial Interest is an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The intent of this policy is to allow for a determination to be made as to whether that relationship may constitute a real or apparent conflict of interest. Disclosure that an activity participant (including spouse/partner) has no relevant financial relationships must also be provided to the learners.

Neither I nor my spouse/partner have at present or had within the past 12 months, a financial relationship with a commercial interest that is relevant to my presentation(s) / participation in this activity.

The following industry relationships are relevant to my presentation(s) / participation in this activity.

COMMERCIAL INTEREST **TYPE OF RELATIONSHIP** *(speaker's bureau, research grant, retained consultant, stockholder, etc.)*

- a. _____
- b. _____
- c. _____
- d. _____

(You may use the back of this form if you need additional space to list commercial relationships)

Content Validation Statement: All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact Medical Resource Association, Inc.'s Continuing Education Department if you do not feel your presentation(s) can meet these standards (888-279-0232 x102).

Please **initial next to each of the following statements** indicating that you have read, understand and agree with the terms in regard to your presentation / slides.

- _____ I understand that my activity materials may be peer reviewed prior to the activity occurring (or being released) for fair balance and to validate content.
- _____ I understand that my live presentation (if applicable) and/or activity materials will be evaluated by participants for fair balance and that enduring materials (if applicable) will be peer-reviewed for fair balance and validation of content and may be edited accordingly.
- _____ I attest that any and all clinical recommendations that I make for patient care as part of my planning and/or activity materials will be based on the best available evidence, that a balanced view of therapeutic options will be given, and the content will be in accordance with ACCME's Content Validation Statement. I will also provide the level of evidence for said recommendations in the activity materials.

Program Title: _____ Date: _____

Signer Name (Print): _____ Email: _____

Signer's Role in CME/CE Activity i.e. Speaker, Planner: _____

Signature: _____ Date: _____