

FINANCIAL DISCLOSURE AND AGREEMENT FORM

Penn State College of Medicine is committed to presenting CME activities that promote improvements or quality in health care and are developed free of the control of commercial interests. It is our policy to ensure that our programs are balanced, independent, objective, scientific, and in compliance with regulatory requirements. Anyone who is in a position to control the content of a CME presentation (course directors, faculty, planning committees, etc.) is expected to disclose all financial relationships with commercial companies. The information listed on this form will be used to assess and resolve any potential conflict of interest you may have, and will be disclosed to the audience of the CME activity. Faculty/planners who refuse to disclose will be disqualified from participating in this CME activity.

Fax completed form to: Continuing Education at 717-412-9545

Title of CME Activity:	4 th Annual National Summit on Safety & Quality for Rehabilitation Hospitals		
Activity Date:	April 18-20, 2016	Course #: (completed by CE office)	
Your Name:			
Name of Your Presentation:			
Abstract Submission Transaction Number:			
Your Role(s) in the Activity:	Conference Presenter		

DISCLOSURE OF FINANCIAL RELATIONSHIPS

- The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health-care goods or services consumed by, or used on patients. The ACCME does not consider providers of clinical services directly to patients to be a commercial interest.

Within the past twelve months, I and/or my spouse/significant other have received support from or had a relationship with the following commercial interests (indicate all that apply). Disclosure should include relationships in any amount.

_____ NO _____ YES (if Yes, provide complete information below)

Commercial Interest	Speakers bureau	Consultant, advisor	Stock ownership*	Research grant**	Employment affiliation	Royalties, patents

* not including stocks owned in a managed portfolio

**include only grants in which you are the listed PI

Please describe any additional relevant disclosure below:

2. In the past twelve months, have you given any presentations on behalf of a commercial interest?

_____ NO _____ YES (Describe below)

3. I will be using slides, scripts, or other teaching material that were provided from a commercial source

_____ NO _____ YES (Describe below)

SPEAKER/PLANNER AGREEMENT

I attest to the following:

- ☐ YES ☐ NO I understand that the information presented to the learner must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. I agree to present all reasonable clinical alternatives when making practice recommendations. I attest that relationships with commercial interests will not influence or bias my presentation and/or planning of the CME activity.
- ☐ YES ☐ NO All scientific research referred to, reported, or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection, and analysis.
- ☐ YES ☐ NO I attest that I will not accept any payment or reimbursement for this presentation directly from any commercial interest. I understand that all payments and reimbursements must be made by the accredited provider or authorized educational partner.

I agree to:

- ☐ YES ☐ NO Submit my presentation to the CME office no later than three weeks in advance of the program to allow for appropriate peer review and duplication in the course syllabus.
- ☐ YES ☐ NO Avoid the use of trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available companies should be included, not just trade names from a single company.
- ☐ YES ☐ NO If requested, provide appropriate peer-reviewed journal references which support clinical or practice recommendations.
- ☐ YES ☐ NO Disclose to the program audience when products/services are not labeled for the use under discussion or when the products are still under investigation.
- ☐ YES ☐ NO Comply with patient confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA)
- ☐ YES ☐ NO Ensure that use and reproduction of the materials or information used in my presentation will not violate any third party's copyrights or other property rights. To the extent that copyrighted or trade secret materials are used, reproduced, or displayed within my presentation, I have obtained written permission to use, reproduce, and distribute such materials from the copyright owner. (Please note that the author of an article is not necessarily the copyright holder of the article.)

Signature

Date

CME Office Use:

Conflict of interest present? ☐ YES ☐ NO

Mechanism(s) to resolve conflict of interest:

- | | |
|---|---|
| <input type="checkbox"/> Review by CE office | <input type="checkbox"/> Request for best-available evidence/peer-reviewed articles |
| <input type="checkbox"/> Review by course director | <input type="checkbox"/> Limit content to presentation of data |
| <input type="checkbox"/> Peer/expert review of content | <input type="checkbox"/> Limit content to eliminate clinical recommendations |
| <input type="checkbox"/> Speaker attestation of balance | <input type="checkbox"/> Omit recommendations for specific products/brand names |
| <input type="checkbox"/> Selection of alternate presenter | <input type="checkbox"/> Require inclusion of other therapeutic options |
| <input type="checkbox"/> Other _____ | |