Disclosure of Commercial Relationships

Activity Title: **Medical-Legal Partnership: A New Standard of Care**

Activity Date: March 24-25, 2010

Name: 

- Faculty
- Course Director
- Author
- Reviewer
- Moderator
- Planning Committee
- Education Partner

Topic: 

As a provider accredited by both the ACCME and the ANCC, Boston University School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Any individual being considered to participate in a sponsored activity who is in a position to control the content is required to disclose any financial relationships* with commercial interests**. The intent of this disclosure is to aid the Continuing Medical Education/Continuing Nursing Education Office in determining: 1) if a conflict of interest exists; and, if so, 2) if that conflict can be resolved. All such information disclosed by everyone appointed to participate in the CME/CNE activity will be disclosed to the CME/CNE activity participants. Refusal to disclose prohibits participation.

* Financial Relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, 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 employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME/ANCC consider relationships of the person involved in the CME/CNE activity to include financial relationships of a family member (family members are spouse/legally recognized domestic partner and dependent children).

** A Commercial Interest is any entity producing, marketing, re-selling, or distributing health care goods and services consumed by, or used on patients.

**PLEASE REVIEW CAREFULLY and COMPLETE EACH SECTION**

I. Do you or your family members (your spouse/legally recognized domestic partner and dependent children) currently (within the past 12 months) have a financial interest* with any commercial interests**?  

YES ☐  NO ☐

II. I have the following financial interests*, arrangements, or affiliations with the following commercial interests** (if additional space is needed, please attach):

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<th>Commercial Interest(s)</th>
<th>Nature of Financial Relationship</th>
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<td>Grant/ Research Support</td>
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Relevant Financial Relationships ACCME/ANCC focus on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME/CNE activity. ACCME/ANCC has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. ACCME/ANCC defines “relevant” financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

III. Have you ever been excluded, debarred, suspended or otherwise deemed ineligible to participate in federal health care programs or in federal procurement or non-procurement programs or been convicted of a criminal offense that would result in mandatory exclusion from such programs or debarred or excluded by another federal agency?  

YES ☐  NO ☐

I agree to notify Boston University School of Medicine, Continuing Medical Education Division immediately If any of these events occurs prior to the completion of the CME Program.

IV. During the last two years, have you violated or received notice of any violations or potential violations related to ACCME/ANCC or other continuing education/continuing professional development policies and standards?  

YES ☐  NO ☐

V. I attest that I am not receiving direct payments from a commercial entity with respect to this activity.

Signature

Date

Internal Review

Office: ☐  Nurse Planner: ☐  Course Director: ☐  Associate Dean: (if app.) ☐