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DISCLOSURE OF COMMERCIAL RELATIONSHIPS

Activity Title:		Activity Date:	
Name:		Degrees:	
Content Area/Topic:			

- Faculty Course Director Author Reviewer Moderator CNE Course Advisor Planning Committee

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 provided or jointly provided educational activities. Any individual being considered to participate in an accredited activity who is in a position to control the content is required to disclose any **relevant financial relationships* with **commercial interests*. The intent of this disclosure is to aid the CME/CNE Office in determining: 1) if a relevant conflict of interest exists; and, if so, 2) if that conflict can be resolved. **Relevant relationships identified on the disclosure form, including the absence of such relationships, will be conveyed to the audience prior to the activity. Refusal to disclose prohibits participation.**

***Commercial Interest:** As defined by the ACCME and ANCC is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. Or an entity that advocates for use of products or services of commercial interest organizations.

***Relevant Financial Relationships** are those in which an individual (including spouse/partner) has **both:**
A personal financial relationship (any amount) with a commercial interest within the past 12 months whether the relationship has ended or is currently active.
Control in planning or presenting educational content addressing specific products/agents/devices of the commercial interest (not simply a whole class of products or content about the whole disease class)

Section 1: Disclosure of Relevant Financial Relationships

Regarding your role in this CME activity, have you (or your spouse/partner) had a financial relationship in the last 12 months with a commercial interest that is relevant to or could impact the content included in this activity? Relationships include grant/research support, stockholder, consultant, speaker's bureau, employee, other (e.g., royalty)

- NO** Proceed to Section 2 **YES** List relevant financial relationships below

Recipient: Self or Spouse/Partner	Company	Description of Financial Relationship	Content Area of Relationship
<i>Example: Self</i>	<i>ABC Company</i>	<i>Grant/Research Support, Speaker, Consultant, Stockholder, Other</i>	<i>Breast Cancer Research</i>

No disclosure needed for relationships with non-profits or government units. Add additional lines or sheet if necessary

Section 2:

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 Weston Medical Publishing LLC/International Conference On Opioids immediately if any of these events occurs prior to the completion of the CME Program.

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

Section 3: Unlabeled/Investigational Uses

Should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants. Please indicate below whether you intend to discuss unlabeled/investigational uses of a commercial product

- I plan on discussing unlabeled/investigational uses of a commercial product and will disclose this to the audience.
- I do not plan on discussing unlabeled/investigational uses of a commercial product.

Please list the unlabeled/investigational uses of any products that you plan to discuss:

Section 4: Content Validation / Attestation:

(This section does not pertain to planners. Planners may proceed to signature section)

- I have disclosed all relevant, or lack of, financial relationships, and I will disclose this information to learners.
- If I have been trained or engaged by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
- If I or my spouse/partner is an employee of a commercial interest, I will not present information on the business lines or products of my company. I understand that my presentation must be submitted for review prior to the beginning of the activity.
- I understand that a non-conflicted medical reviewer may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
- I have reviewed and agree to comply with the ACCME Standards for Commercial SupportSM, Accreditation Criteria, and BUSM CME policies and procedures.
- All the recommendations involving clinical medicine related to my content will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type or level of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.).
- Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.
- For any drug/product discussed, I will objectively select and present data, fairly present both favorable and unfavorable information about the drug/product, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion will be supported by evidence-based data.
- If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
- I attest to compliance with all applicable laws, including copyright laws.
- I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity from a commercial entity.

Your signature indicates that you have read this form in its entirety and that you agree with the statements above.

Signature (electronic signatures are acceptable)

Date