

University of Nevada, Reno School of Medicine
DISCLOSURE STATEMENT

NAME	
TITLE OF ACTIVITY	
ACTIVITY DATE	

What is your prospective role in the educational activity? (choose all that apply)

Presenter Planner Author, Writer Other (please specify): _____

CONFLICT OF INTEREST AND DISCLOSURE POLICY

As an accredited provider of continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME) the University of Nevada, Reno School of Medicine must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. Content is expected to be presented in a scientific and objective manner. Any real or apparent conflict of interest related to the content of the continuing education activity must be disclosed to the audience.

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance to the education.

Ineligible entity definition: The ACCME defines an ineligible entity as "those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible entities. Faculty members who refuse to disclose relevant financial information and/or cannot mitigate a conflict of interest are prohibited from participating in the planning or implementation of this CME activity.

Affiliation/Financial Interest

Name of Company

Grant/Research Support _____

Consultant _____

Speakers' Bureau or Honoraria _____

Royalty _____

Intellectual Property Rights _____

Ownership Interest* _____

Other Financial Benefit _____

**e.g. stock options or other ownership interest, excluding diversified mutual funds*

I do not have any relevant financial relationships with any commercial interests.

Will your presentation include discussion of any commercial products or services? Yes No

If yes, please list the manufacturer(s), and what product / service your discussion will include, and why?

If yes, do you have a relevant financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you will discuss? Yes No

Please review the statements below.

- Recommendations are known to be effective in the treatment of patients and have benefits that outweigh the risks.
- The information is presented without bias or favoritism towards any pharmaceutical company or medical device manufacturer.
- I understand that I will be disqualified from the planning or implementation of any portion of an educational activity that relates to my affiliation with a pharmaceutical company, medical device manufacturer, or other ineligible entity.
- I have disclosed to the University of Nevada, Reno School of Medicine all relevant financial relationships, which will in turn be disclosed to the audience prior to the activity.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of an ineligible entity. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
- If requested, I will provide my presentation and/or content two weeks in advance of the activity for review by the planning committee and CME committee.
- If I am presenting, my presentation will not include ineligible entity logos and/or any marketing verbiage on any content pages.
- I have not and will not accept any payment from an ACCME defined ineligible entity for my role this CME activity presentation.
- If I am providing recommendations involving clinical medicine, they 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 CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
- If I am discussing specific health care 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.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If I have been trained or utilized by an ineligible entity or its agent as a speaker (e.g., speaker's bureau) for any ineligible entity, the promotional aspects of that presentation will not be included in any way with this activity.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

Type your name in the space provided to indicate your understanding of and willingness to comply with each of the above statements. If you have any questions regarding your ability to comply, please contact the Office of Continuing Medical Education at the University of Nevada, Reno School of Medicine

Helen Ly



Name

Date