

Commercial Independence form – for CME Activity Planners

This form should be completed by the activity medical director, activity coordinator, planning committee members, and anyone else in a planning position over the planning, content, presentation, or evaluation of a Continuing Medical Education (CME) activity certified by the UT College of Medicine.

- Speakers and anyone else with a speaker role at this CME activity should complete the [Commercial Independence form for Speakers](#) instead of this form.

INSTRUCTIONS: Save this form to your computer, open it, enter the information requested, save it, and email it back to the Activity Coordinator at least 1 week prior to the activity.

PLANNER INFORMATION

Name: _____

Degree: _____

Planning Title/Role for this Activity:

Email:

Phone Number: (____) ____-____ ext:

DISCLOSURE OF FINANCIAL RELATIONSHIPS

Within the past 12 months, have you or your spouse/partner had a financial relationship with an entity that produces, markets, re-sells, or distributes healthcare goods or services consumed by, or used on, patients (does not include hospitals and other providers of clinical services directly to patients)?

NO – Proceed to the next page of this form →

YES – Please list them below and respond to the following inquiries:

Company(ies):	*Type of Relationship(s):	Content Area(s) or Focus(es):

*Common types of financial relationships include full-time or part-time employment, consulting, speaker's bureau, grant/research support, stock ownership, honoraria, etc.

Are the content areas/focus of your financial relationships related to the content of this CME activity? Yes No

Please list all aspects of this activity that you planned or coordinated: _____

COMMERCIAL INDEPENDENCE POLICIES & ATTESTATION

All planners for a CME activity must agree to the following CME policies.

Agree

General Policies:

- I have disclosed all financial relationships requested. I will submit a new Commercial Independence form if I acquire any new financial relationships prior to this activity.

- My financial relationships and those of my spouse or partner will **not** influence or bias the education provided through this activity.

- I have **not** and will **not** receive honoraria or other payment from a **commercial interest** for giving this CME talk(s). (SCS: 3.3-3.10) I will notify the Office of CME by sending an email to cme@erlanger.org if a commercial interest wants to pay me for my CME talk(s). (SCS: 3.1 & 3.3-3.10)

- The following decisions must be made free of the control of a **commercial interest**: a) identification of the educational needs, b) determination of the learning objectives, c) selection & presentation of content, d) selection of all persons and organizations that will be in a position to control the content of the CME, e) selection of educational methods, and f) evaluation of this activity. (EA2.10; SCS: 5.1)

- The content and presentation of this CME activity will promote improvements or quality in healthcare and not a specific proprietary business interest of a **commercial interest**. (SCS: 5.1)

- Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the educational material or content includes trade names, trade names from several companies should be used where available (not just trade names from a single company). (EA2.10; SCS: 5.2)

- I understand that the Office of CME may have a CME monitor attend the event to ensure that the presentations are educational, not promotional, in nature.

Contact the Activity Coordinator if you have any concerns about your ability to comply with the policies above.

Please print this page for reference as you plan, implement & evaluate this educational activity.

By typing or signing my name below, I attest that the information I provided on page 1 is accurate & complete to the best of my knowledge, and agree to comply with the Commercial Independence Policies above as I administer this CME activity.

Signature (Type or Sign name)

Date