

## Commercial Independence form - for Speakers & Educators

This form should be completed by the speakers, presenters, moderators, and anyone else with a planned speaking role during Continuing Medical Education (CME) activities certified by the UT College of Medicine.

- Speakers at case- or journal-discussion CME activities should complete the shorter [Commercial Independence form for Speakers at Case-Discussion Conferences](#) instead of this form.
- Planners should complete the [Commercial Independence form for Planners](#) instead.

**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.

**SPEAKER INFORMATION:** Name: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext: \_\_\_\_\_

**SPEAKER ROLE(S)** – Please indicate your role(s) in this educational activity. Check all that apply.

- Presenter or Speaker: **Presentation Title(s):** \_\_\_\_\_
- Moderator: \_\_\_\_\_
- Planner - Planning Title or Role: \_\_\_\_\_

### DISCLOSURE OF FINANCIAL RELATIONSHIPS

**No one should complete this section of the form on behalf of a speaker;** the speaker must complete it him/herself.

**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:	*Type of Relationship:	Content Area or Focus:

\*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 speakers for a CME activity must agree to all policies below. **No one should complete this page on behalf of a CME speaker; the speaker must complete the form him/herself.**

Agree	General Policies:
<input type="checkbox"/>	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.
<input type="checkbox"/>	My financial relationships and those of my spouse or partner will <b>not</b> influence or bias the education I provide.
<input type="checkbox"/>	I have <b>not</b> and will <b>not</b> receive honoraria or other payment from a <b>commercial interest</b> for giving this CME talk(s). (SCS: 3.3-3.10) I will notify the Office of CME by sending an email to <a href="mailto:cme@erlanger.org">cme@erlanger.org</a> if a commercial interest wants to pay me for my CME talk(s). (SCS: 3.1 & 3.3-3.10)
<input type="checkbox"/>	The content and presentation of the information with which I am involved will promote improvements or quality in healthcare and not a specific proprietary business interest of a <b>commercial interest</b> . (EA2.10; SCS: 5.1)
<input type="checkbox"/>	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.

Agree	Policies for Presentations:
<input type="checkbox"/>	My slides, handouts, and other educational materials will <b>not</b> contain any advertising, corporate logos, trade name messages, product-promotion messages (SCS: 4.2 & 4.3).
<input type="checkbox"/>	All recommendations I provide involving clinical medicine 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.
<input type="checkbox"/>	All scientific research that I refer to, report, or use in support of my patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	My presentation will 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, I will use trade names from several companies where available (not just trade names from a single company). (EA2.10; SCS: 5.2)
<input type="checkbox"/>	I will obtain permission to use any materials and information used for my presentation in order to ensure that it does not violate any third party copyrights or other property rights.
<input type="checkbox"/>	I will disclose my relevant financial relationships (or the lack thereof) to the audience verbally and in writing (eg, on the first or second slide) at the beginning of my presentation (SCS: 6.1 & 6.2). My disclosure will <b>not</b> include the use of a corporate logo, trade name, or product-group message (SCS: 6.4).
<input type="checkbox"/>	I understand that the Office of CME may need to review my presentation and/or content prior to the activity and I will provide my educational materials in advance as requested.

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 prepare and give your presentation.**

*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 provide education at this CME activity.*

\_\_\_\_\_  
Signature (Type or Sign name)

\_\_\_\_\_  
Date

**LEARNING OBJECTIVES** (does not apply to moderators) - Please list the learning objectives for your presentation. **What should learners be able to do after your presentation?**

- 1)
- 2)
- 3)
- 4)

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## PRESENTATION DETAILS

This section is designed to provide the Activity Coordinator with more information about your presentation and needs. Many facilities do not have all of the technologies and accommodations listed below, so **you should communicate with the Activity Coordinator to ensure that arrangements can be (and will be) made for the accommodations you select below.**

**Presentation Format** – check the box to indicate the format(s) of your presentation(s).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lecture/Didactic       | <input type="checkbox"/> Hands-on Workshop    | <input type="checkbox"/> Video Presentation |
| <input type="checkbox"/> Case Study/Discussions | <input type="checkbox"/> Panel/Q&A Discussion | <input type="checkbox"/> Other (specify):   |

**Audio/Visual Accommodations** – check the box next to the audio and visual accommodations you need.

**AUDIO**

- Hand-held Microphone
- Lavalier Microphone
- Additional Microphones (#):  
Type:  Hand-held  Lavalier
- Speakers to play sound

**VISUAL**

- Projector screen for slideshow
- Lighting: explain:
- Other: explain:

**Interactive Technologies** – check the box next to any interactive presentation technologies that you would like to have during your presentation(s).

- Hand-held “Clicker” with Laser-Pointer to reference detailed areas of your slides
- Internet Access – part of my presentation involves accessing the Internet
- Audience Response System – this technology must be tested and planned well in advance of a presentation
- Other: explain:

## Special Accommodations

Please describe any special needs that exist for your presentation or accommodations that need to be arranged beyond the A/V accommodations above: