

CME Planner Form

Activity Title:		Activity Date:	
Role in CME Activity	<input type="checkbox"/> Activity Medical Director <input type="checkbox"/> Activity Coordinator <input type="checkbox"/> Planning Committee Member <input type="checkbox"/> Other: _____		
PLANNER INFORMATION			
Name (with credentials):			
Email:		Phone Number:	

CME Planners only need to complete the form once each calendar year.

FINANCIAL DISCLOSURE: (To be completed by Activity Medical Director, Activity Coordinator, or others who may control educational content)	
Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. 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 and regardless of the potential relevance of each relationship to the education.	
Within the past 24 months, have you had a financial relationship in any amount with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients? <input type="checkbox"/> NO <input type="checkbox"/> YES – List those financial relations below and provide the following information about them:	
Company(ies):	Type of Relationship(s):

ATTESTATIONS: Please read the following attestations. By signing you agree to abide by the policies and regulations addressed in this form.	
<ul style="list-style-type: none"> My disclosure provided above is accurate for the past 24 months. My financial relations will <u>not</u> influence or bias the education at this activity. The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. All decisions related to the planning, faculty selection, delivery, and evaluation of the activity must be made without any influence or involvement from the owners & employees of an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Ineligible companies may <u>not</u> provide access to or distribute accredited education to learners. I understand the above information must be disclosed to the audience. Arrangements to allow companies to market or exhibit to the learners must <u>not</u> influence any decisions related to the planning or delivery or evaluation of the education, interfere with the education, or be a condition of financial or in-kind support. I acknowledge that the Office of CME may have someone attend or monitor the activity to ensure that the presentations, educational materials and activity are educational, not promotional, in nature. I will contact the Office of CME if there are any changes to my financial relationships prior to the start of the activity. By typing or signing my name below, I attest that the above information is accurate and complete, and I agree to comply with the policies above as I administer this CME activity. 	
SIGNATURE (can be typed):	DATE: