



Continuing Professional Development

College of Pharmacy
 1924 Alcoa Highway, Box 117
 Knoxville, TN 37920
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Healthy Tennesseans. Thriving Communities.

RE: Relevant Financial Relationships with Commercial Interests

Dear Prospective Faculty/Planner:

We are pleased that you are willing to participate in a continuing pharmacy education (CPE) activity. The University of Tennessee College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE). As such, we are committed to meeting the ACPE’s expectations for CPE.

The University of Tennessee College of Pharmacy has implemented a new process where everyone who is in a position to control the content of an educational activity has disclosed to us all financial relationships with any **ineligible company** in the **past 24 months**. If you refuse to disclose **all** financial relationships, you will be disqualified from being a part of the planning and implementation of this CPE activity.

First, list the names of all ineligible companies you and/or your spouse/partner have had a relationship with in the past 24 months. An ineligible company is one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., drug manufacturer).

Second, describe what you or your spouse/partner received (ex: salary, honorarium etc). The University of Tennessee College of Pharmacy does NOT want to know how much you received.

Third, describe your role.

Fourth, if you have any reported disclosure/s, please fill out page 2 of this form.

Name (printed): _____

Ineligible Company	Nature of Financial Relationship	
	What I or my spouse/partner received	My role or my spouse/partner’s role
Example: Company ‘X’	Honorarium	Speaker

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

Signature: _____ Date: _____

Once complete, please return this form to Dr. James Wheeler at pharmacpd@uthsc.edu. Thank you for completing this important task. We look forward to working with you.

Sincerely,

James S. Wheeler, PharmD, BCPS
 Associate Professor & Director, Continuing Professional Development
 1924 Alcoa Hwy, Box 117, Knoxville, TN 37920 | Jwheele4@uthsc.edu

Attestations for Disclosure and Mitigation of Conflict for CPE Activities

Agree Disagree N/A

I have disclosed to the UT Health Science Center COP all financial relationships, and I will disclose this information to learners verbally (for live activities) and in print.

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 a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the UT Health Science Center COP.

I understand that the UT Health Science Center COP 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.

If I am presenting at a live event, I understand that a CPE monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.

If I am providing recommendations involving clinical topics, they will be based on evidence that is accepted within the profession of pharmacy as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CPE in support or 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 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 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.

I verify that prior to the planning and/or presentation; I have requested and/or obtained permission from copyright holder(s) to reproduce/copy, from their work, the portions of my presentation that are protected by copyright laws. I acknowledge that the University of Tennessee will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.

If presenting specific patient cases or case histories, I warrant that I have HIPAA-compliant authorization for any PHI (Protected Health Information) in the presentation materials or have de-identified all materials to the extent possible for on-campus (UTMC) educational activities and completely de-identified for off-campus educational activities (Colby-Stansbury PHI Law-State of Tennessee enacted 2011).

I will uphold the UT Health Science Center COP and ACPE standards to ensure balance, independence, objectivity, and scientific rigor in my role in the presentation of this CPE activity.

Signature: _____ Date: _____

If sending this completed form electronically, please type your name above and check this box:

By checking this box, I attest that the completed information is correct. Please accept this as my signature. Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved prior to this activity, and disclosure information will be shared with the activity participants. Thank you for completing this form. Please return at least 2 weeks prior to the activity date to: James Wheeler 1924 Alcoa Highway, Box 117 Knoxville, TN 37920