



## Faculty/Planner Agreement for an Accredited Continuing Education (ACE) aka CME Activity

Title of Activity:

Starting Date for Activity:

Your Name and Degree (s):

Institutional Affiliation:

Your Role in Activity:  
(check all that apply)

Planner

Presenter/Author

Course Director

Moderator

Content Reviewer

**DIRECTIONS:** Read the ACCME Content Validity Values Statement below, then **read and check ALL** the following boxes to **attest** to your understanding of and willingness to comply with the corresponding statement; accept terms and date form.

**ACCME Content Validity Values Statement:** All recommendations involving clinical medicine in an ACE activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients. All scientific research referred to, reported, or used in ACE in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

**Best Available Evidence and ACCME Content Validation Statement:** All clinical recommendations that I make for patient care as part of my planning and/or ACE activity materials will be based on the best available evidence and the content will comply with ACCME's *Content Validation Statement*.

**Sources and Limitations of Data, Off-Label Use Disclosure:** To the extent practical, recommendations involving clinical medicine in this ACE activity will be substantiated by peer-reviewed sources. I will make meaningful disclosure to the attendees if products or procedures I discuss are off-label, unlabeled, experimental, and / or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and / or unsupported opinion.

**Scientific Integrity:** All scientific research referred to, reported, or used in support or justification of a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.

**Payments:** I have not and will not accept an honorarium, additional payment, or reimbursements except for payments from the CME provider or authorized representative for my participation in this activity. I understand that all payments to me will be made in compliance with the provider's Policy on Honoraria and Expense Reimbursement.

**Serve the Public Interest:** Any selection of topics, instructional content, and personnel I make for this CME activity will be done to serve the public interest by improving the quality of healthcare. To the best of my ability, I will not let any personal financial relationships influence this selection process.

**Presentations must give a balanced view of therapeutic options:** Use of generic names will contribute to this impartiality. If your presentation includes trade names, where available trade names from several companies should be used, not just trade names from a single company. Logos from commercial interests are never permitted on any course materials including presentation slides. Your presentation/materials will be evaluated by attendees for fair balance, objectivity, and scientific rigor.

**Content Validation Review:** I understand that my ACE activity presentation/materials may be prospectively peer-reviewed for fair balance and validation of content and may require editing.

**HIPAA Compliance:** I will remove all patient identifiers (name, birth date, address, phone number, medical record number, account number, social security number, etc.) from my presentation materials. I will not use identifiable photographs of patients, unless I have obtained written patient permission.

By clicking this box I attest that I have agreed to the above statements.

Date of Submission: