CHECK ONE: INITIAL SUBMISSION ☐ UPDATED SUBMISSION ☐

SAPS CME
SOUTHERN ALLIANCE FOR PHYSICIAN SPECIALTIES CONTINUING MEDICAL EDUCATION

FINANCIAL RELATIONSHIPS DISCLOSURE FORM

FOR INSTRUCTORS, PLANNERS, AND MANAGERS OF ACCREDITED CONTINUING EDUCATION ACTIVITIES

SAPS CME, as an accredited continuing medical education provider, must ensure its activities and presentations comply with ACCME guidelines and the Standards for Integrity and Independence in Accredited Continuing Education. To maintain public trust, education for physicians and other healthcare professionals involved in patient care must meet high standards of integrity and scientific objectivity. SAPS CME will mitigate any relevant financial relationship with an ineligible company—*an entity that produces, markets, sells, re-sells, or distributes healthcare goods or services used by or on patients*—that could influence accredited education about that company's products or services. ACCME requires SAPS CME to collect financial relationship disclosures from everyone responsible for planning or delivering educational content. **Anyone with a financial relationship must complete a Clinical/Peer Content Review Form. ***Employees or owners of ineligible companies may not participate in a CME activity unless they meet an exemption criterion on Page 2 of the CCR. The lecture must be reviewed and approved by an activity committee member with no relevant financial relationship.**

CRITERIA FOR DISCLOSURES OF FINANCIAL RELATIONSHIPS

Per Standard 3.1 providers must collect information from all individuals in control of educational content in relation to any financial relationships with ineligible companies within the prior 24 months of their involvement with an accredited CE activity. Providers can do this for each activity the person will be involved in, or collect the information on a periodic basis, i.e., annually, or biannually. Relationships with governmental agencies (*e.g., the NIH) and eligible organizations DO NOT have to be disclosed. In addition, if you have received honoraria (or fee for service*) from a CME provider, it does not have to be disclosed. Principal investigators must report research funding relationships below under "contracted research".

In accordance with ACCME requirements, failure to provide disclosure information before the individual assumes their role will result in the disqualification of that individual from participation.

Activity Title: Date of Activity:

Name of Discloser:

I am: Speaker/Faculty ☐ Reviewer: ☐ Moderator: ☐ Course Director/Planner: ☐

Check As Applies	Type of Financial Relationship WITHIN THE PRIOR 24 MONTHS(from today)	Applicable ineligible companies **WITHIN THE PRIOR 24 MONTHS** (eg. ,Pharmaceuticals Companies, device manufacturers).	Has this relationship ended? Y/N
	PLEASE NOTE : ***OWNERSHIP INTEREST - EXCLUDES DIVERSIFIED MUTUAL FUNDS		
☐	***Employee		Select One
☐	*** Stock (or other ownership interest) **Private** ☐ **Public** ☐		Select One
☐	***Stock Options **Private** ☐ Public ☐		Select One
☐	**Royalties** or Patent Beneficiary		Select One
☐	**Consulting Fees** (e.g., Advisory Boards)		Select One
☐	**Fees for non-CE services** received directly from ineligible companies OR their Agents[1] (e.g., Speakers Bureau).		Select One
☐	**Contracted Research** (**NOTE:** must provide disclosure in this category)		Select One
Other:			

☐ I have no financial relationships to report.

☐ I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

☐ By checking this box, I certify that the above information is complete and accurate.

Signature: Date of submission: