

CME Disclosure and Attestation Form

Course #	WAPI's Click or tap here to enter text. <i>th Annual Interdisciplinary CME conference</i>	Activity Date:	Click or tap to enter a date.
Course/Series Name	Click or tap here to enter text.		
Presentation Title(s)/Topic(s)	Click or tap here to enter text.		
Faculty Name	Click or tap here to enter text.		
Role(s) in CME Activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Chair		
<p>The disclosure and attestation form must be completed by all persons involved in UW CME accredited activities. The purpose of this form is to identify and resolve all potential conflicts of interest that arise from financial relationships with any commercial or proprietary entity relevant to the content you are planning, developing, reviewing, or presenting.</p> <p style="text-align: center;"><u>Refusal to disclose will result in disqualification from participation.</u></p> <p>It is the policy of the Office of Continuing Medical Education at the University of Washington School of Medicine to ensure balance, independence, objectivity, and scientific rigor in all of its educational programs.</p> <p>Conflicts of interest develop when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a relevant financial relationship. The intent of this policy is to openly identify any such relationships so that a) the Office of CME can identify and resolve any conflict of interest which may have been created and b) so that learners may form their own opinions as to whether the speaker's presentation reflects possible bias in either exposition or conclusion.</p> <p><i>A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (exceptions are non-profit or government organizations or providers of clinical service directly to patients).</i></p>			
Please select the appropriate box (X)			
<input type="checkbox"/>	No , neither I, nor my spouse/partner, HAVE/HAD relevant financial relationships with any commercial interest relevant to the content I am planning/developing/reviewing/presenting for this activity within the past 12 months.		
<input type="checkbox"/>	Yes , within the past 12 months either I or my spouse/partner HAVE/HAS a relevant financial relationship with the commercial entities noted below. <i>(If selected, please list the applicable relationships below)</i>		
<p>Nature of relevant relationship(s): <i>salary, honoraria, royalty, intellectual property rights, major stock shareholder, consulting, speaking, teaching, grant or research support, advisory committee, review panels, or other (please describe).</i></p>			
<u>Nature of Relationship(s)</u> List Relationships	<u>Commercial Interest</u> Name of Company(s)		
<p>Declaration: The University of Washington School of Medicine is required by the ACCME to “resolve” any reported or perceived conflicts of interest prior to the educational offering. Therefore, in light of the relationships/affiliations you designate, please attest to the following:</p> <ul style="list-style-type: none"> • that these relationships/affiliations will not bias or otherwise influence your involvement in the program; • that practice recommendations given relevant to the companies with whom you have relationships/affiliations will be supported by the best available evidence or, absent evidence, will be consistent with generally accepted medical practice; • all reasonable clinical alternatives will be discussed when making practice recommendations; and • all scientific research referred to, reported or used in support or justification of a patient care recommendation will confirm to the generally accepted standards of experimental design, data collection and analysis. 			
Signature:			Date: