



Disclosure of Relevant Financial Relationships Form							
Activity Title:	2020 International Congress on Integrative Medicine and Health				CID #	Activity Date: 4/28/20 – 5/1/20	
Name:							
Check all that apply:	Faculty <input type="checkbox"/>	Activity Director <input type="checkbox"/>	Reviewer <input type="checkbox"/>	Editor <input type="checkbox"/>	Author <input type="checkbox"/>	Moderator <input type="checkbox"/>	Planning Committee <input type="checkbox"/>
Topic:							

**PLEASE REVIEW CAREFULLY and COMPLETE EACH SECTION**

- I. Do you or your spouse/partner currently (within the past 12 months) have any financial relationships\* relevant to your role in this educational activity with any commercial interests? Yes  (see below) No
- II. Are you or your spouse/partner an **employee** of any commercial interest? Yes  (see below) No  (go to next page)
- III. I and/or my spouse/partner have the following relevant financial relationships with the following commercial interests.  
 Name of Spouse/Partner: (Enter only if relevant financial relationships are cited)

**First**, list the names of proprietary entities producing health care goods or services, consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse/partner that you are aware of to be yours.

**Second**, describe what you or your spouse/partner received (eg. salary, honorarium, etc)

**Third**, describe your role.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received? Please select from the list below	For what Role? Please select from the list below
<i>Example: Company 'X'</i>	<i>Self</i>	<i>Spouse/Partner</i>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**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 (please specify).

**A Financial Relationship** is a relationship in which the individual benefits by receiving a 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. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

A Commercial Interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients with the exception of non-profit or government organizations and non-health care related companies.

**\*Relevant Financial Relationships** ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

IV. Approximate Dollar amount received within the past 12 months: \$

V. I attest that I am **not** receiving direct payments, or any indirect additional funds or gifts from a commercial entity related to my role in this educational activity.

\_\_\_\_\_  
Initials

**VI. Content Validation**

As part of its efforts to comply with ACCME and American Medical Association (AMA) policies on assuring the independence of its CME activities from commercial influence, Case Western Reserve University School of Medicine requires that any therapeutic recommendation made in a certified CME activity must be based on **evidence that is accepted within the profession of medicine** as adequate justification for their indications and contraindications in the care of patients (ACCME July 2002). Evidence from research, clinical practice guidelines, or local best practice can be provided to support any therapeutic recommendation made in a certified CME activity. A bibliographic reference from a reputable journal or study or a link to a web site should appear on the slide where a therapeutic recommendation is made.

- 1) Any scientific research referred to, reported or used in a certified CME activity in support or justification of a therapeutic recommendation must conform to the generally accepted standards of experimental design, data collection and analysis (ACCME July 2002).
- 2) Any clinical practice guideline referred to, reported or used in a certified CME activity must be issued by a specialty society or board recognized by organized medicine or a government agency whose responsibility includes health care.
- 3) Any local best practice referred to, reported or used in a CME activity must be approved by a Joint Commission accredited health care organization.

If this evidence is not available and a speaker chooses to use his or her clinical experience as justification, data must be provided from his or her clinical experience to support the therapeutic recommendation being made.

Please acknowledge that you agree to follow the standards outlined above:

\_\_\_\_\_  
Initials

**VII. Commercial Bias**

The Commercial Support Standards require that your presentation be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. Presentations must give a balanced view of therapeutic options. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies where available must be used.

I attest that my presentation will be free of commercial bias:

\_\_\_\_\_  
Initials

**VIII. Unlabeled/Investigational Uses**

Should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants. **Please indicate below whether you intend to discuss** unlabeled/investigational uses of a commercial product.

**Please initial (choose one):**

\_\_\_\_\_ I plan on discussing unlabeled/investigational uses of a commercial product and will disclose this to the audience.

\_\_\_\_\_ I do not plan on discussing unlabeled/investigational uses of a commercial product.

Reviewed by:

AND

\_\_\_\_\_  
Signature of Individual Providing Disclosure

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity Director

\_\_\_\_\_  
Date

**To be completed by Activity Coordinator**

Action taken:	<input type="checkbox"/> No relevant financial relationship with a commercial interest was disclosed.
	<input type="checkbox"/> Relationships exist, the Activity Director must complete and submit the Resolution of Conflict of Interest Form.
	<input type="checkbox"/> Employee of commercial interest, the Activity Director and one other faculty member with content expertise and no financial relationship with the commercial interest must review the materials and complete and submit the Resolution of Conflict of Interest Form.