



Planning Committee Disclosure Form for CME Activities

As an accredited provider of continuing medical education for physicians, The Texas Heart Institute is committed to ensuring its educational activities are fair, balanced, independent, objective, evidence-based and support safe and effective patient care.

The ACCME Standards for Integrity and Independence require that we collect disclosure from anyone who has control of content of a CME activity. Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies. The ACCME defines an “ineligible company” as any entity whose primary business is producing, selling, re-selling, or distributing healthcare products used by or on patients.

1. An individual must disclose to the audience any financial relationship(s). Information disclosed will include the a) name of the individual; b) name of the ineligible company; and c) nature of the relationship the individual has with the Company.
2. An individual with no financial relationship(s) must declare such so that the audience can be informed that no financial relationship(s) exist.
3. Any individual who refuses to disclose financial relationships will not be allowed to serve on a planning committee, or as speaker or author of any of The Texas Heart Institute CME activity.
4. Any individual who is an owner(s)/employee(s) of ineligible companies will not be allowed to serve on a planning committee or as faculty of any The Texas Heart Institute CME activity.
5. The Texas Heart Institute requires that the content and format of a CME activity or its related materials promote improvements or quality in health care and not a specific proprietary business interest of an ineligible company.
6. All presentations are required to give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

Complete and Return by _____ to the following:

The Texas Heart Institute - Office of Continuing Medical Education

Email: cme@texasheart.org



Disclosure Form for CME Activities

Name of CME Activity: _____ Date: _____

Name of Speaker: _____ Title of Lecture: _____

Please complete all questions below and chart if applicable.

I have read The Texas Heart Institute's policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require The Texas Heart Institute to identify a replacement.

- 1. In the past 24 months have you had any financial relationships with an ineligible company?
___No (skip to question 2) ___Yes (complete chart below; DO NOT substitute another form)

Table with 3 columns: Name of Ineligible Company, Nature of Relationship, and If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column.

2. I attest that:

(Please place a check in each box to indicate your understanding of and willingness to comply with each statement below.)

- I have disclosed all financial relationships to The Institute and the above is accurate for the past 24 months.
I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
My contributions will not promote the products or services of any commercial interest related to this content.
All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
If I discuss any off-label product use, I will disclose it to participants.
I will not use trade names of health care products or services.
I will not promote or sell products in accredited education.

Signature: _____ Date: _____

Name: _____ (please print)

FOR CME OFFICE USE

STEP 1:

- No conflict of interest identified
Possible conflict of interest identified and sent to Program Director for review.

THI CME Staff Signature: _____ Date: _____

STEP 2: (If applicable)

If possible conflict of interest is identified, it will be mitigated as follows:

- Select another individual to control that part of the content.
Change the assignment to reflect other areas of content.
Limit the role of the conflicted individual to presenting content that is not related to patient treatment/management recommendations
Limit the sources for recommendations to those considered as best available evidence.
Internal review of content by Course Director and edit content accordingly and removing any commercial bias.
Disqualification of conflicted individual.

Program Director Signature: _____ Date: _____