



**Cincinnati Children's Office of Continuing Medical Education
FULL DISCLOSURE STATEMENT FORM**

CALENDAR YEAR 2010—PLEASE DISCLOSE ALL POTENTIAL CONFLICTS

Note: This form is serves as your disclosure for the entire year. If your conflicts/commercial relationships change at anytime during the year it is your responsibility to update your disclosure statements with the CME office.

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), Cincinnati Children's Hospital Medical Center must insure balance, independence, objectivity, and scientific rigor in all of its individually sponsored or jointly sponsored educational activities. We are required to identify and resolve all potential conflicts of interest with any individual in a position to influence and/or control the content of educational activities. A potential conflict of interest is considered to exist if the individual and/or their spouse or partner has received financial benefit in any amount from a commercial interest involved in the activity within the past 12 months. A commercial interest is defined as *any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients* (excepting non-profits, government organizations or providers of clinical service directly to patients.) Additional information may be requested to determine if a conflict of interest exists. Any changes in the disclosure information should be given to the Cincinnati Children's CME Department. All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Title of Educational Activity: 2010 Calendar Year—All CME Activity Involvement

Name(s): _____

Activity Name: _____

Phone: _____ **E-mail:** _____

Activity Role: **Presenter** **Planning Committee Member** **Other:** _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

IF ANY DISCLOSURES ARE INDICATED, YOU WILL BE CONTACTED PRIOR TO INVOLVEMENT IN A CME ACTIVITY TO RESOLVE THE CONFLICT(S) SPECIFIC TO THE CME ACTIVITY

➔ **Mark the applicable statement:**

Neither I nor my spouse or domestic partner have at present and/or have had within the last 12 months a relevant financial relationship with a commercial interest.

-OR-

I or _____ my spouse or domestic partner have at present and/or have had within the last 12 months a relevant financial relationship with a commercial interest as listed below. *If you have or have had a relevant financial relationship within the last 12 months, please complete the table below. Please attach an additional list, if needed. You will be contacted prior to your involvement in the CME activity to resolve any conflict(s).*

Commercial Interest/Company	Does this relate to individual or spouse/partner	Relevant Financial Relationship (check all that apply)				
		Grant/Research Support	Consultant	Stocks/Bonds (excluding mutual funds)	Speakers Bureau	Other

Treatment Recommendations and Research Citations: If you make treatment recommendations or reference scientific research as part of your presentation, you must read and initial the following. Please note that all studies and evidence must be referenced on presentation slides or handouts.

➔ **I attest that all clinical recommendations are based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis.**

➔ **Signature:** _____ **Date:** _____

Your cooperation in complying with this standard is appreciated. Please return this form as soon as possible to:
CME Dept., ML 3003 • 3333 Burnet Avenue, Cincinnati, OH 45229 • fax: 513-636-7574 • email: cme@cchmc.org