

FINANCIAL DISCLOSURE AND AGREEMENT FORM



Dartmouth Health and the Geisel School of Medicine at Dartmouth (Geisel) is committed to presenting Accredited Continuing Education activities that promote improvements or quality in health care and are developed free of the control of ineligible companies (formerly known as a commercial interest). It is our policy to ensure that our activities are balanced, independent, objective, scientific, and in compliance with regulatory requirements. See FINANCIAL DISCLOSURE POLICY, DEFINITION, PROCESS, [FOR MORE INFORMATION](#), visit accme.org/standards.

Activity Directors, Planning Committee Member(s), Speaker(s), Author(s) or Anyone in a Position to Control the Content is expected to **disclose all financial relationships with ineligible companies**[^]. The information listed on this form will be used to assess and mitigate any potential financial relationship and disclose to learners the presence or absence of relevant financial relationships for all persons in a position to control the content of an activity. Anyone who refuses to disclose will be disqualified from participating in the activity.

INELIGIBLE COMPANY[^] An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Your Name with Credentials:	
Your role(s) in the learning activity (please check all that apply):	<input type="checkbox"/> Speaker (complete sections A and B below) <input type="checkbox"/> Activity Director (complete sections A and C below) <input type="checkbox"/> Planning Committee Member (complete sections A and C below) <input type="checkbox"/> Author <input type="checkbox"/> Other Person in a Position to Control Content
Title(s) of Activity:	
Date(s) of Activity:	

A. DISCLOSURE OF FINANCIAL RELATIONSHIPS

Please disclose **all financial relationships** you have had in the **past 24 months with ineligible companies**[^]. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies[^]. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

In the past 24 months, have you had **any** financial relationships with **any** ineligible companies[^]?

NO YES (If yes, provide complete information below.) Has the relationship ended? _____

Name(s) of Ineligible Company [^]	Nature of Financial Relationship					
	Consultant, advisor	Research grant*	Speakers bureau	Stock ownership**	Employment affiliation	Royalties, patents

* include only grants in which you are the listed PI

** not including stocks owned in a managed portfolio

B. SPEAKER AGREEMENT

I attest/agree to the following:

- YES NO I understand that the information presented to the learner must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. I attest that relationships with ineligible companies will not influence or bias my presentation.
- YES NO All scientific research referred to, reported, or used in support or justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis and interpretation.
- YES NO I attest that I will not accept any payment or reimbursement for this presentation directly from any ineligible company. I understand that all payments and reimbursements must be made by the accredited provider or authorized educational partner.
- YES NO I agree to avoid the use of trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available companies should be included, not just trade names from a single company. No company logos have been included in my presentation. Presentations must be free of marketing or sales of products or services, i.e. no promotion by authors of their own books.

C. ACTIVITY DIRECTOR/PLANNING COMMITTEE MEMBER AGREEMENT

I attest/agree to the following:

- YES NO I understand that the information presented to the learner must be unbiased, fair and scientifically balanced, and that any clinical content presented supports safe, effective patient care. If any new or evolving topics will be discussed, debated or explored that are not yet adequately based on current science, evidence or clinical reasoning, then these areas need to be clearly identified as such to the learners within the program. I attest that relationships with ineligible companies will not influence or bias my selection of speakers for the activity.
- YES NO I understand that in my capacity as Activity Director/Planning Committee Member, I may be asked to review slides for program content and potential bias.

Signature _____	Printed Name _____	Date _____
<i>To submit electronically, please type your name, save and attach to email and send to learning activity planner.</i>		