

- 1) Name of Person with Financial Relationship(s) (please print): _____
- 2) Name of Activity: _____
- 3) Date(s) of Activity: _____

FINANCIAL DISCLOSURE MITIGATION PROCEDURE: This form is to be completed and signed by an **authorized person** (Activity Director, Medical Director IPCE/Associate Dean CME, Vice President CLPD, CNE Director, Nurse Planner, appointed Geisel faculty) mitigating a disclosed relationship(s) with industry. All Financial Disclosure and Agreement Forms must be reviewed and if it is determined that any relevant financial relationships exist with an ineligible company[^], an authorized person must mitigate the relevant financial relationship(s) by taking at least one of the steps indicated below. This completed form, with a signature, must be returned to the CME/CNE Office **prior to** the activity.

Planning Committee Members must disclose and be mitigated or disqualified and replaced at the start of the planning process.

Activities will be evaluated by participants and peer reviewers to determine if the content was free of commercial bias and met acceptable scientific standards.

Mitigation Steps for **Speakers and Others** (choose at least one)

- 1) **Divest** the financial relationship(s) with the ineligible company(s);
- 2) **Peer review** of content by persons without relevant financial relationships;
- 3) Attest that clinical recommendations are **evidence-based** and **free of commercial bias** (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines and have no logos embedded)
- 4) **Use Other Methods** (*please describe*) _____

Mitigation Steps for **Activity Directors/Planners** (choose at least one)

- 1) **Divest** the financial relationship(s) with the ineligible company(s);
- 2) **Recusal** from controlling aspects of planning and content with which there is a financial relationship; (e.g., recusal from topic/faculty selection, change the content of the person's assignment, change the focus of the activity)
- 3) **Peer review** of planning decisions by persons without relevant financial relationships;
- 4) **Use Other Methods** (*please describe*) _____

For Activity Director, Medical Director IPCE/Associate Dean CME, Vice President CLPD, CNE Director, Nurse Planner or appointed Geisel Faculty signature only: Relevant financial relationship(s) were identified, mitigated and will be disclosed to activity participants.

Authorized Signature _____ Printed Name _____ Date _____

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