



# Faculty Disclosure Form

It is the policy of CME Organization to ensure balance, objectivity, independence, and scientific rigor in all CME activities. Anyone engaged in activity content development, planning, or presentation must complete this form.

**Name:** \_\_\_\_\_

**Activity title:** \_\_\_\_\_

**Live presentation date:** \_\_\_\_\_

-or-

Enduring materials

**Role in this activity:**  Presenter  Author  Course director  Moderator  Planner

## DISCLOSURE

Yes  No Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services that will be discussed in this CME activity?

If no, skip to the DECLARATION below. If yes, please list your disclosures and approaches to resolution below.

Commercial Interest	<i>Nature of Relevant Financial Relationship</i>
Name of Company	Employee, grants/research support recipient, board member, independent contractor, stock shareholder (excluding mutual funds), speaker's bureau, honorarium recipient, royalty recipient, holder of intellectual property rights, other
1.	
2.	
3.	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you checked "YES" above, we have to resolve the conflict of interest; the following mechanisms have been identified to resolve conflicts of interest. Please check all that apply and sign the declaration below:*

### Presenters/authors

- I will support my presentation and clinical recommendations with the "best available" evidence from the medical literature. See suggested sources of best evidence at [www.aafp.org/x3139.xml](http://www.aafp.org/x3139.xml)
- I will refrain from making recommendations regarding products and services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee's consideration.
- I will submit my presentation in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

### Activity planners

- To the best of my ability, I will ensure that any speakers or content is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.
- Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

## DECLARATION

1. I attest that I will comply with ACCME Standards for Commercial Support of Continuing Medical Education to ensure that this CME activity is free of commercial bias or the appearance thereof.
2. I will base all clinical recommendations on evidence that is accepted within the profession of medicine as adequate justification in the care of patients.
3. All scientific research referred to in support of a patient care recommendation will conform to generally accepted standards of experimental design, data collection, and analysis.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONTENT VALIDATION

Title	
Speaker	
Date	

Please read the accreditation standard we are accountable to meet:

IMQ Standard on Content Validation	
1	All the recommendations involving clinical medicine in a 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.
2	All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3	Providers are not eligible for ACCME or CMA/MQ accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweighs the benefits or know to be ineffective in the treatment of patients.

Please check off the appropriate statements, sign and return to the CME office:

	The above-mentioned CME lecture does not contain any recommendations in the diagnosis or management of patient care.
	I have read the above standard on content validation and understand that non-compliance of this standard will disqualify me as a speaker.
	My presentation contains recommendations, diagnosis and treatment in the care of patients and the following sources were used for content validation (please check-off all applicable references)
	<input type="checkbox"/> Cochrane Collaboration or other evidence-based reviews (list below)
	<input type="checkbox"/> Journals and all literature review (list below)
	<input type="checkbox"/> Standard textbook of medicine/surgery (not including holistic health/alternative medicine – list below)
	<input type="checkbox"/> National Practice Guidelines
	<input type="checkbox"/> Other (list below)

References: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature	
Date	

## Cultural Diversity Form

DATE	
TOPIC	
SPEAKER	

The California legislature has passed AB 1195 which states that as of July 1, 2006 all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component.

**DEFINITIONS:** Cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

If there is relevant cultural diversity information relating to age, gender, race, socio-economics, sexual orientation, religion, language, ethnicity, etc. that impacts the care of the patient, you are required to include it in your presentation.

Therefore, the following objective will be added to the activity notice to potential attendees and also to the attendee evaluation form:

*Outline the various types of cultural diversities (gender, age, race, religion, ethnicity, language, sexual orientation, socio-economics, etc.) that relate to demographics, diagnosis and treatment.*

If there is nothing to present relative to cultural diversity, please check the “no” box below.

- No there is nothing to discuss relative to this topic and cultural diversity.**
- Yes there is information to discuss relative to this topic and cultural diversity and I will present it.**

I have read this form and will comply with AB 1195 as outlined above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_