Office of Lifelong Learning
Financial Interest Disclosure and Attestation Form

As an accredited ACCME provider, MMC must ensure balance, independence, objectivity, and scientific rigor in all its directly sponsored or jointly sponsored educational activities. All speakers, planners, authors, and activity directors participating in an educational activity must disclose to the audience any financial relationship (including “in-kind” support) (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships:
Are financial relationships with commercial interests (in any amount) occurring within the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity that create a conflict of interest.

*When an unlabeled use of commercial product, or an investigational use not yet approved for any purpose is discussed the speaker must disclose that the product is not labeled for the use under discussion or that the product is investigational.

Directions: Please check those that apply, adding explanations when appropriate, and sign at bottom of the form.

- **NO** – I do not have financial or other relationships with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in this educational activity.
- **YES** – I do have a financial/other relationship with the manufacturer(s) of commercial product(s) or provider(s) of commercial service(s) discussed in this educational activity.

Please indicate ALL such relationships below:

<table>
<thead>
<tr>
<th>Affiliation/Financial Interest</th>
<th>Manufacturer or Service Provider</th>
<th>Nature of Relationship (e.g., employee, consultant, research grant recipient, speakers’ bureau, stockholder, etc.)</th>
<th>I have divested myself (or my spouse/partner has divested himself/herself) of this relationship within the last 12 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Speaker’s Bureau</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Major Stock Shareholder</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Other Financial or Material Support</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

- My presentation will include discussion of off-label, experimental and/or investigational use of drugs or devices (please indicate drugs and/or devices in the space provided):

- I agree that as a principle, the use of generic names for drugs is preferred in presentations and discussions.
- I also understand that it is my responsibility to disclose to participants before my presentation any provider relationship with the manufacturer of products or devices discussed in my presentation and to disclose any relationship I have with commercial supporter(s).
- My presentation/participation will be unbiased and free of commercial influence and based on the stated purposes and objectives of the program and the identified educational needs of the target audience.

Revised June 2011
Speaker/Presenter Attestation Statement

Accredited providers are responsible for validating the clinical content of continuing education activities that they provide.

Specifically:

☐ Yes ☐ No 1. I attest to Meharry Medical College that all recommendations involving clinical medicine in the educational activity that I am presenting are based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.

☐ Yes ☐ No 2. I attest to Meharry Medical College that all scientific research referred to, reported or used in this activity is in support or justification of patient care recommendation and must conform to the generally accepted standards of experimental design, data collection and analysis.

☐ Yes ☐ No 3. I attest to Meharry Medical College that my educational activity does not promote recommendations, treatments or manners of practicing medicine that are not within the definition of continuing medical education, or are 2) known to have risks or dangers that outweigh the benefits, or are 3) known to be ineffective in the treatment of patients.

Signature: ___________________________ Date: ______________________

Reviewed by: ___________________________ Date: ______________________

Office of Lifelong Learning

Revised June 2011