



FULL DISCLOSURE FORM

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all planners, teachers, and authors involved in the development of CME content are required to disclose to the accredited provider their **relevant financial relationships**. *An individual has a relevant financial relationship if he or she (or spouse/partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.* Relevant financial relationships will be disclosed to the activity audience.

Title of Activity: _____

Name of Planner/Teacher/Author: _____

1. Does the CME content over which you have control contain information about healthcare products or services? Check one:

_____ Yes _____ No

If Yes, please move to Question 2. If No, please sign and return this form.

2. Regarding the healthcare products or services that will be discussed in the CME content over which you have control, have you or your spouse/partner had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services? Check one:

_____ Yes _____ No

If Yes, please complete the chart below. If No, please sign and return this form.

Manufacturer or Service Provider	Nature of Relationship (e.g., employee, consultant, research grant recipient, speakers’ bureau, stockholder, etc.)	I have divested myself (or my spouse/partner has divested himself/herself) of this relationship.
_____	_____	____ Yes ____ No
_____	_____	____ Yes ____ No
_____	_____	____ Yes ____ No
_____	_____	____ Yes ____ No
_____	_____	____ Yes ____ No

Signature

Date