**INTERVAL FORM**

**DISCLOSURE AND CONFLICT-OF-INTEREST REVIEW**

**FOR PLANNERS AND REVIEWERS**

**Name of the Regularly Scheduled Conference Series:**

**Institution:**

**Department:**

**Interval Covered by this Announcement: July 1, 2020 to June 31, 2021**

The current regulations of the Accreditation Council for Continuing Medical Education (ACCME) require that, in addition to the usual disclosures, an assessment (and if necessary, resolution) of the potential for a conflict-of-interest is made in advance of a CME activity certified for Category 1 credit.

If a conflict-of-interest is identified, resolution of the conflict-of-interest must also be made in advance of announcements and advertising for the CME activity. To fulfill these requirements, the CME-providing institution requests that you complete and submit the following questionnaire ***as soon as possible*** to the Office of CME, Chicago Medical School, 3333 Green Bay Road, North Chicago, IL 60064. **The presentations of speakers and authors that decline to submit the requested information are not eligible for certification for Category 1 CME credit and the speakers (or authors) may become ineligible for honoraria and expenses.**

Submission may be done by mail, fax (**847/578-3320**), phone (**847/578-3341**) or email to Elsa Kurien (**elsa.kurien@rosalindfranklin.edu**). Disclosure questionnaires may be accessed on-line at the Office of CME web page, downloaded, and submitted as an attached file to the above email address or faxed to the Office of CME.

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**PLEASE CHECK OFF ALL RELEVANT BOXES**

Note that reasonable honoraria, support for travel, lodging or meals, and positive responses to one or more of the other questions do not necessarily indicate a conflict-of-interest. **Also note that we consider the relevant financial relationships of your spouse/partner that you are aware of to be yours**.

1. ⌘ I **will** 🞎 (I **will not** 🞎) be receiving an honorarium for this CME activity.

2. ⌘ I **will** 🞎 (I **will not** 🞎) be receiving support for travel and/or lodging and/or meals for this CME activity.

3. ⌘ 🞎 **YES**, I **(or my spouse/partner)** have had***within the past 12 months*** ***any*** ***financial or business relationship*** with a commercial interest. ***A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*. [Check where appropriate and insert name of the commercial interest]: [If you answered “Yes” to Question 3, you must answer Question 5 AND/OR Question 6.]**

I **am** 🞎 (or **had been** 🞎) a recipient of monetary or other research support from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am** 🞎 (or **had been** 🞎) a paid consultant for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am** 🞎 (or **had been** 🞎) a **full-time** 🞎 (or **part-time** 🞎) employee of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am** 🞎 (or **had been** 🞎) listed on a speakers’ list for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am** 🞎 (or **had been** 🞎) a **paid** 🞎 (or **unpaid** 🞎) member of an advisory or similar board for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am** 🞎 (or **had been** 🞎) a member of the Board of Trustees of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **Other type of relationship** [please describe and note if current or within the past 12 months - examples include ownership interest, royalties, and intellectual property rights]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. 🞎 **NO**, I **(or my spouse/partner**) have not had***within the past 12 months*** ***any*** ***financial or other business relationship*** as defined in question 3 with a commercial interest**. *A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.***

5. Even though I have (have had) a financial relationship with a commercial interest as described in Question 3, this relationship would not risk being perceived as constituting a conflict-of-interest because [check all that apply]:

[ ]  I would not be involved (or would not involve myself) in the planning of any components of the CME events that would constitute an opportunity to influence the content of the activity or the presentation of the product of the commercial organization.

[ ]  The product of the commercial interest with which I have a financial relation would only be identified by its generic name.

[ ]  The product of the commercial interest with which I have a financial relation would be presented along with, and on an equivalent basis as, competitor products.

[ ]  Other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

6. [ ]  *My role in the planning or reviewing of this CME activity (as it relates to either commercial interests or my relationship with the joint sponsoring organization) might reasonably be perceived as constituting a conflict-of-interest. I understand that CME credit cannot be offered for this CME activity unless I recuse myself from my current role in its planning or review.*

**REMINDER:** **If you answered “Yes” to Question 3, you must answer Question 5 AND/OR Question 6.**

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Print Name Signature

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Name of the CME Activity

***I agree to inform the Office of CME of any changes to the above responses within the specified time interval***