

**Regular Scheduled Series (RSS) Forms**

**DISCLOSURE FORM**

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| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Activity Date** | Click here to enter a date. |
| **Activity Name** | Click here to enter text. | | |
| **Please indicate your role in the Activity:**  *(check all that apply)* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Planner** | **Presenter/Instructor/Faculty** | **Content Reviewer** | **Author/Writer** | **Other, please specify**  Click here to enter text. | |  |  |  |  |  | | | |
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**Disclosure of** **Relevant Financial Relationships, Content Validation and Mitigation**

The Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence require all financial relationships between individuals that can control or influence the content of an activity (speakers, planners, content reviewer, etc.) and ineligible companies be evaluated to determine if the possibility exists for industry influence in the learning environment of an accredited continuing educational activity. If any relationship exists, it must be mitigated prior to the activity. Specific disclosure information for each course contributor is to be documented and shared with the audience prior to the activity.

The Accreditation Council for Continuing Medical Education (ACCME) **defines an** **ineligible company** as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. *For specific examples of ineligible companies visit* ***[accme.org/standards.](https://accme.org/rules/standards/)***

Required disclosure includes **ALL** financial relationships in which an individual, has had a financial relationship with an ineligible company **within the last 24 months.** Please disclose all financial relationships with ineligible companies regardless of the amount. List all financial relationships regardless of the potential relevance to the topic.

**Examples of natures of relationships**: Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed**. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the grant and manages the funds.**

**Relationship status:** If the financial relationship existed during the last 24 months but has now ended, please list and indicate that the relationship has indicated in the last column. This will help in determining if any mitigation steps need to be taken.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education.

Thank you for adhering to the ACCME guidelines.

For additional information, email [**cme@nortonhealthcare.org**](mailto:cme@nortonhealthcare.org)or call **(502) 446-5955**.

**Disclosure Form** (*cont.)*

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| **Disclosure of Financial Relationships** |
| **Disclosure (please check yes or no):**    **NO**, I have no financial relationships with ineligible companies. ***Please go to page 3.*** |
| **YES**, I do have a financial relationship with an ineligible company within the last 24 months.  ***If you checked YES, provide the information below and then go to Attestation.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Ineligible Company** | **Nature of Financial Relationship** | **Product/Service** | **Check the box if the relationship has ended.** |
| ***Example:*** *ABC Company* | *Speaker* | *Diabetes* |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
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| ***Note:*** *Norton Healthcare, Norton Medical Group, Norton Children’s Medical Group and*  *physician practices are not considered ineligible companies.* | |
| **Attestation** | |
| **I attest that the above information is correct at the time of completion.**  ***Note: If any of this information changes, please reach out to the RSS Activity Coordinator***  ***to update your disclosure form.*** | |
| Click here to enter text.  ***(Type name /signature)*** | Click here to enter a date.  ***(Date)*** |

**Content Validation Review**

*(To be completed by speakers/presenters only)*

**Content Validation Review**

Please review the statements below to ensure content validity.\* After **reading** each statement, **check** ALL of the boxes to attest to your understanding and willingness to comply with the corresponding statement.

All clinical recommendations that I make for patient care as a part of my presentation/case discussions will be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

To the extent practical, recommendations involving clinical medicine will be substantiated by peer-reviewed sources. I will make meaningful disclosure to the learners if off-label use is discussed.

All scientific research referred to, reported or used in accredited education in support or justification of a patient-care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis and interpretation.

I will not present any content that is not, or is not yet, adequately based on current science, evidence and clinical reasoning.

I will not present any content that advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

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| --- | --- |
| Click here to enter text.  ***(Type name)*** | Click here to enter a date.  ***(Date)*** |

*\*It is an ACCME requirement that accredited providers ensure that education is fair and balanced and that any clinical content presented supports safe, effective patient care.*

**To be completed by the RSS Activity Coordinator after Review of the Disclosure Form.**

*(Required)*

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| **Step 1: Financial Relationship?** | | |
| **YES  (Complete Step 2)** | **NO  (Skip Step 2)** | |
| **Step 2: Mitigation Process (select option below)**  ***NOTE: If owner/equity relationship indicated, contact the Center for Continuing Medical Education.*** | | |
| **Attestation form completed**  **Presentation/case reviewed to ensure ACCME compliance**  **Other (please describe):** | | |
| **COMPLETED BY** | | |
| **Name:** Click here to enter text. | | **Date:** Click here to enter text. |

**RSS Activity Coordinator**

* Once the form is completed, save as an individual file in a folder for the year and/or date of the session.
* Save each disclosure in the format of LAST NAME FIRST NAME; e.g. Doe John.
* Complete the disclosure grid as specified.
* This form only needs to be completed once per year, but if an individual has any changes the form should then be updated.

**To be completed by the Center for Continuing Medical Education**

*(Optional)*

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| **Step 1: Financial Relationship?** | | |
| **YES  (Complete Step 2)** | **NO  (Skip Step 2)** | |
| **Step 2: Mitigation steps completed** | | |
| **Owner/equity option selected – No CME credit/Unable to mitigate/RSS coordinator informed**  **Attestation form completed – CME credit provided/Mitigation complete**  **Case/presentation reviewed to ensure ACCME compliance – CME credit provided/Mitigation complete**  **Other (please describe): CME credit provided/Mitigation complete** | | |
| **COMPLETED BY** | | |
|  | | **Date:** |