



NORTHSIDE HOSPITAL

Department of Medical Education

DISCLOSURE STATEMENT & ATTESTATION

Name (print clearly):		NSH medical staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		
Conference:		
Activity Date:		
Role (select all that apply):		
<input type="checkbox"/> Faculty		
<input type="checkbox"/> Attendee at Case Conference		
<input type="checkbox"/> Member CME Activity Planning Committee		
<input type="checkbox"/> Member CME Program Committee		
<input type="checkbox"/> CME Support Staff		

Disclosure for CME Activity

The Northside Hospital Department of Medical Education strives to ensure the balance, independence, objectivity and scientific rigor of all its continuing medical education (CME) activities. Faculty and participants of CME activities and members of CME planning and oversight committees must disclose to the audience individuals who are in a position to affect the contents of CME activities and must disclose to participants all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose all financial relationships regardless of their view of the relevance of the relationship to the education. 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 research grant and manages the funds. As an accredited CME provider, Northside Hospital is required to identify and resolve any potential conflict of interest prior to you affecting content of any CME activities affiliated with Northside Hospital.

Please choose one of the following:

- I do not have any financial relationships to disclose.
- I have the following relevant financial relationship(s) as indicated below:

	Affiliation/Financial Interest	Name of Affiliated Organization
	Consultant/Advisory Board	
	Employment	
	Ownership interest (includes stock, stock options, patent, or other intellectual property)	
	Recipient of grant or research support	
	Speaker/Honoraria	
	Other financial or materials support	

Adherence to conflict of interest policy

In order to resolve conflicts of interest that can arise during the course of planning educational activities, I agree that I will exclude myself from planning if I have a financial interest or arrangement with companies related to the topic or topics being planned.

Please remember to sign on the next page.

Attestation for CME Activity

Please indicate your understanding of and willingness to comply with each statement below by checking the appropriate boxes and placing your signature on the bottom of the page. If you have any questions regarding your ability to comply, please contact the Northside Hospital Department of Medical Education as soon as possible.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all Financial Relationships that I have in any amount that have occurred within the 24 month period preceding the time that I was asked to assume a role controlling content of the CME activity indicated above. I will disclose this information to the audience verbally and in the written CME materials, if any. I will have written disclosures approved by the Northside Hospital Department of Medical Education prior to use.
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest or an ineligible company. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Northside Hospital Department of Medical Education.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the Northside Hospital Department of Medical Education will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational and not promotional in nature.
<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will 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.
<input type="checkbox"/>	<input type="checkbox"/>	All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speakers' bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by an ineligible company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and considered each applicable item in this form, and have completed it to the best of my ability.

Signature _____ **Date** _____

By typing my name here I am signing this form

Please return completed form to: Department of Medical Education, medical.education@northside.com or FAX to (404) 256-0113

Submit Form