

DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

Name/Credentials			
Telephone Number:		E-Mail Address:	
Activity Name:		Date:	

Please indicate your role in this CME activity:	<input type="checkbox"/> Presenter/Faculty <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Planning Committee <i>(Please check all that apply)</i>
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Purpose: It is the policy of the Indiana Academy of Ophthalmology (IAO) to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of continuing medical education (CME) activities/programs. Relationships of spouse/partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. This information is necessary in order for us to be able to move to the next steps in planning this CME activity.

Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.

Participation: We are pleased that you are willing and able to participate in this CME activity, which is accredited by the IAO. The IAO is accredited by the Indiana State Medical Association and the Accreditation Council for Continuing Medical Education (ACCME). As such, we are required to meet the ACCME's expectations for our practice of continuing medical education.

Step 1: Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including their spouse/partner) in the last 12 months:

- has had a personal financial relationship (any amount) with a commercial interest, which is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients; and who
- has control over educational content related to the products and/or services of the commercial interest(s).

Regarding your role in this CME activity (check one):

- ☐ **No**, I/we have no relevant personal financial relationship. *(If you checked this box, skip to Step 2)*
- ☐ **Yes**, I/we do have a personal financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s). *(Provide information below)*

Nature of Financial Relationship	Name of Commercial Interest(s) and Relationship	Self	Spouse/Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support <input type="checkbox"/> <i>(Principal Investigator or working directly for company/company's agent)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder <i>(self-managed)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee/Owner*		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other <i>(Describe):</i>		<input type="checkbox"/>	<input type="checkbox"/>

Use a separate sheet of paper to list commercial interest(s), if necessary

*** The IAO PROHIBITS employees and owners of Commercial Interests from participating on any CME PLANNING COMMITTEE and serving as presenters.**

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity, I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

☐ **No**, I do not intend to discuss an off-label/investigative use of a commercial product/device.

☐ **Yes**, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).

Click here to enter text.

Step 3: Statements & Rules of IAO/ACCME Accreditation / Content Validation

Please read the statements/rules of IAO/ACCME accreditation below, sign, and return to the IAO Continuing Medical Education Office. If you have any questions regarding your ability to comply, please contact Kim Williams, at 317-577-3062 or by e-mail at kwilliams@thecorydongroup.com.

- 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 business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and has adequate justification for their indications and contraindications in the care of a patient.
- Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
- All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
- The content will not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. The content will not advocate for unscientific modalities of diagnosis or therapy.
- Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs.
- I have disclosed (via Disclosure Form to IAO) all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to the educational content.
- I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with the IAO.
- I understand that IAO CME staff 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.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that IAO CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- 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 individual company.
- 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.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any commercial interest), the promotional aspects of the presentation will not be included in any way with this activity.
- If I am a speaker for any commercial interest, the promotional aspects of this relationship will not be included in any way with this activity.
- If I am presenting research funded by a commercial 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.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

Step 4: Declaration

I will uphold the IAO CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. I understand that CME accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Signature/Printed Name:

Click here to enter text.

Date:

Click here to enter text.

If sending this completed document electronically, please type your name above and check this box:

☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature.