



Financial Relationship Disclosure Form

Title of CME Activity _____
Date _____
Presenter/Faculty name _____
Choose One: Speaker Course Director Planning Committee Member

As an ACCME-accredited sponsor, Emory University School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. The School has implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any **commercial interest – an entity producing, marketing, re-selling, or distributing health care goods or services, used on or consumed by, patients.** All participants, including speakers, planning committee members, and course directors are expected to list any relevant financial relationships (within the past 12 months) you and/or your spouse may have with a commercial interest. You are expected to **1) describe what you and/or your spouse received**, i.e., royalty, research support, honorarium, salary, consulting fees, etc, and **2) describe your role** i.e., employee, speaker, contractor, consultant, etc. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please provide us with the following information to enable us to move to the next steps in planning this CME activity.

Please list the commercial interest and describe the nature of the financial relationship:

NAME OF COMPANY	DESCRIBE WHAT WAS RECEIVED	FOR WHAT ROLE
<i>Example: XYZ Company</i>	<i>honorarium, consulting fees, etc</i>	<i>Speaker, Investigator, etc.</i>

I do not have any relevant financial relationships.

Signature _____ Date _____