



FMA ACCREDITATION PROGRAM
How Physicians Earn Quality CME



Florida Vascular Society

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**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS
BY SPEAKERS, AUTHORS, CO-AUTHORS, AND MODERATORS OF
CME ACTIVITIES**

The intent of this disclosure is to allow Florida Medical Association the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All **faculty** of FMA-sponsored activities are expected to disclose to FMA any relevant financial relationships with any commercial interest that produces health care goods or services related to the **content of the educational presentation** in which they are involved.

Conflict of interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.

Commercial interest. Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services, consumed by or used on, patients. The ACCME does not consider providers of clinical services directly to patients to be commercial interests.

Financial relationships. Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and his/her spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW

NAME OF SPEAKER: _____ **PLEASE PRINT**

TOPIC OF CME PRESENTATION(S): _____

Title of Presentation: _____ **Date of Activity:** _____

Do you or your spouse presently (past 12 months) have relevant financial relationships with proprietary entities producing health care goods or services **related to the content of this activity**?

Yes **No**

If yes, please identify the commercial interest/organization next to the best description of this relationship.

<u>FINANCIAL RELATIONSHIP</u>	<u>COMMERCIAL INTEREST/ORGANIZATIONS</u> – PLEASE PRINT/PROVIDE A TYPED LIST. LIST ONLY THOSE RELATIONSHIPS THAT RELATE TO THE CONTENT OF <u>THIS</u> CME ACTIVITY
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Grant/Research Support	_____

Consultant	_____

Speaker's Bureau	_____

Major Stock Shareholder	_____

Other Financial/Material Support	_____



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SPEAKERS WHO DISCLOSED RELEVANT FINANCIAL RELATIONSHIPS IN THE PREVIOUS SECTION PLEASE ANSWER THE FOLLOWING THREE QUESTIONS:

In compliance with the Accreditation Council for Continuing Medical Education requirement to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all CME activities, please provide the following information. (ACCME Standards for Commercial Support-Standards to Ensure Independence in CME, 2.1)

1. Will your presentation relate to products produced or services provided by the company named above with whom you have a financial relationship?
 Yes No

2. How often do you speak on behalf of the company for product specific education?
 Never Less than 5 times/year 5-10 times/year More than 10 times/year

3. How often do you receive an honoraria for a CME presentation that is funded by the company?
 Never Less than 5 times/year 5-10 times/year More than 10 times/year

PLEASE LIST THREE SUPPORTING LITERATURE REFERENCES FOR THIS PRESENTATION:

1. _____

2. _____

3. _____

ALL SPEAKERS PLEASE REVIEW THE FOLLOWING:

- I AGREE THAT:
1. I will support my presentation and clinical recommendations with the “best available evidence” from current medical literature. All scientific research referred to, reported or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis.
 2. I will give a balanced view of therapeutic options by using generic names when discussing pharmaceutical products. If applicable, I will include in my presentation products manufactured by companies other than those listed above with whom I have a financial relationship.
 3. I will submit my PowerPoint in advance to allow for FMA CME Committee review.
 4. I will disclose when discussion of an unlabeled use of a product or an investigational use not yet approved occurs during the course of the presentation or Question & Answer period.

SPEAKER NAME (please print): _____

SIGNATURE OF SPEAKER: _____ **DATE:** _____