**ATTESTATION OF WCM CME FACULTY ELIGIBILITY**

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| --- | --- |
| **Name of Course Participant** |  |
| **Role in Activity** |  |
| **Activity Title** |  |
| **Activity Number** |  |
| **Activity Date(s)** |  |
| **Employee/Ownership Interest** |  |

*The use of employees/owners of an ACCME-defined ineligible companies as planners, faculty, or in other roles where they are in a position to control content of accredited CME* ***is prohibited****, except in three specific special use cases. In accordance with WCM and ACCME policy, employees/owners of ACCME-defined ineligible companies are eligible to participate in WCM-certified activities only if one of the* ***three*** *specific circumstances described below are met:*

*a. When the content of the activity is not related to the business lines or products of their employer/company.*

*b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.*

*c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.*

*Additional information regarding the requirements around employees/owners of ineligible entities may be found here:* <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships>

**I hereby attest that the above mentioned person can participate in this WCM CME activity since they meet the exception(s) checked below:**

*The content is not related to the business lines or products of my employer/company.*

*The content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and I will not make care recommendations.*

*I am participating as a technician to teach the safe and proper use of medical devices, and will not recommend whether or when a device is used.*

*I have reviewed the ACCME’s* [***Case Scenarios: When It Is Acceptable To Use Owners and Employees of Ineligible Companies in Accredited Continuing Education***](https://accme.org/sites/default/files/2021-10/935_20211028_Case%20Scenarios%20When%20It%20Is%20Acceptable%20To%20Use%20Owners%20and%20Employees%20of%20Ineligible%20Companies%20in%20Accredited%20Continuing%20Education.pdf)*.*

**Comments:**

**Name of Course Director:**

**Signature of Course Director:**

**Name of Independent Clinical Reviewer *(if applicable):***

**Signature of Independent Clinical Reviewer *(if applicable):***

*This request will be reviewed by the CME Committee. You will receive notification as soon as a decision has been made. If you have any questions please contact the CME Office at* [*cme@med.cornell.edu*](mailto:cme@med.cornell.edu) *or at 646-962-6931. Thank you.*