

## Weill Cornell Medicine Full Disclosure Form: Required for Planners, Faculty, and Others

 For more information, visit  
[accme.org/standards](http://accme.org/standards)
**To be completed by CME Coordinator.**

 Name of Individual:
   
 \_\_\_\_\_

 Title of Continuing Education:
   
 \_\_\_\_\_

 Date and location of Education:
   
 \_\_\_\_\_

**Individual's prospective role(s) in education**

 Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

- ☐ Planner (Course Director, Course Co-Director, Other planners)  
*Examples: planning committee, staff involved in choosing topics, faculty, or content*
- ☐ Teacher, Instructor, Faculty, Speaker
- ☐ Coordinator
- ☐ Independent Clinical Reviewer (ICR)
- ☐ Other \_\_\_\_\_

**To be Completed by CME Coordinator**

 As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to **Contact Name/email** by **Date**.

 The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at **Contact Name/email**.

**To be Completed by Planner, Faculty/Speaker, or Others Who May Control Educational Content**

 Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. **Owners and employees** of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating in this CME activity.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Check here if this constitutes an ownership interest/ employee relationship as defined by the ACCME.
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	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.	Please refer to ACCME guidelines on ownership interest/employee at <a href="http://accme.org/standards">accme.org/standards</a>
Example: ABC Company	Ownership Interest	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

☐

 In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

Will your presentation include discussion of products or services of any or all of the ineligible companies you noted above? If yes, please list the products and/or services below:

Yes

No

N/A

If you are a presenter, do you intend to discuss any unlabeled/unapproved use of drugs or products?

Yes

No

N/A

**I attest that the above information is correct as of this date of submission.**
**Please enter completion date above**