

CME Disclosure Form

Name of Individual:		Please check the prospective role(s) you may have in the planning and delivery of this activity (choose all that apply)		
Title of Continuing Education Activity		Planner (e.g., planning committee, staff involved in choosing topics, faculty, or content) Teacher, Instructor, Faculty, Presenter Author, Writer		
Date and Location of Activity:		Reviewer Participant Other		
As a prospective planner or faculty menvironment from industry influence. denise.hammell@roswellpark.org. The ACCME Standards for Integrity aprovide this information from involveneducation. Thank-you for your diligeneducation. Thank-you for your diligeneducation.	Please complete this f and Independence requent in the planning ar ce and assistance. If y	orm and return it to Denise uire that we disqualify indiv nd implementation of accre you have questions, please	e Hammell at viduals who refuse to dited continuing e contact us at the	
To be Completed by Planner, Facu	Ity, or Others Who M	lay Control Educational (<u>Content</u>	
Please disclose on the 2nd page of the months with ineligible companies (see ineligible company and the nature of ask that you disclose all financial relationships regactivity.	ee definition below). Fo the financial relationsh tionships, regardless o	or each financial relationsh hip(s). There is no minimun of the amount, with ineligibl	ip, enter the name of the n financial threshold; we le companies. You should	
Enter the Name of Ineligible	Enter the Nature of	Financial Relationship	Has the Relationship	
Company An ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.	employee, researche speaker, independen contracted research) beneficiary, executive interest. Individual ste	e role, and ownership ocks and stock options	Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This	
For specific examples of ineligible companies visit accme.org/standards.	do not need to be dis funding from ineligibl disclosed by the princ investigator even if the	e companies should be	will help the education staff determine if any mitigation steps need to be taken.	
Example: ABC Company	Consultant		Yes	
In the past 24 months, I have not had any financial relationships with any ineligible companies.				
I attest that the information provided is	s correct as of this date	of submission.		
Signature Date:			<u> </u>	

Electronic signature accepted: Typed signature with date indicates electronic verification of the information provided.

Please disclose all financial relationships you have had with ineligible companies for the past twenty-four (24) months. Attach a separate document if more space is needed.

Name of Ineligible Company	Nature of Relationship (e.g., owner, employee, researcher, consultant, advisor, royalties (not stocks),speaker).	Has Relationship Ended? Please note if: Yes or No
	- <u></u>	

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I reviewed this disclosure and found no financial relationships to ineligible companies relevant to any portion of the activity. I reviewed this disclosure and found no financial relationships to ineligible companies relevant to this person's role in the activity. I reviewed this disclosure and found potentially relevant financial relationships to ineligible companies requiring resolution.

Reviewer Name:

Reviewer Signature:

Chief Academic Officer

CME Director

CME Advisory Committee Chair

Date:

CME Advisory Committee Member