Committee and Faculty Conflict of Interest Disclosure Form

It is the policy of AMDA-The Society for Post-Acute and Long-Term Care Medicine (AMDA) Continuing Medical Education (CME) to ensure balance, independence, objectivity and scientific rigor in all CME activities. CME content will be evidence based and free of commercial bias. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity. All identified conflicts of interest will be resolved and disclosed to learners. If you have any questions regarding the AMDA CME Conflict of Interest Policy, please call 410-740-9743.

Name: 
Title of CME Activity: 
Presentation Title(s) / Topic(s): 
Date of Activity: 

1: Disclosure of Relevant Financial Relationships - Disclose only where the relationship is associated with the content of the activity. List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. With respect to this CME activity (check one): ☐ No, I (nor my spouse/partner) do not have a relevant financial relationship. ☐ Yes, I (and/or my spouse/partner) do have a relevant financial relationship. Describe below:

<table>
<thead>
<tr>
<th>Nature of Relevant Financial Relationship</th>
<th>Name of Company(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Consultant</td>
<td></td>
</tr>
<tr>
<td>☐ Speaker Bureau</td>
<td></td>
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<tr>
<td>☐ Grant/Research Support (Secondary Investigators need not disclose)</td>
<td></td>
</tr>
<tr>
<td>☐ Stock Shareholder (self-managed)</td>
<td></td>
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<tr>
<td>☐ Honoraria</td>
<td></td>
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<tr>
<td>☐ Full-time/Part-time Employee</td>
<td></td>
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<tr>
<td>☐ Other (describe):</td>
<td></td>
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</tbody>
</table>

2: Disclosure of Off-Label and/or Investigational Uses - If, at any time, during my education activity, I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent. ☐ No, I do not intend to discuss an off-label/investigative use of a commercial product/device. ☐ Yes, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/ device(s):

<table>
<thead>
<tr>
<th>Manufacturer(s)/Provider(s):</th>
<th>Product(s)/Device(s):</th>
</tr>
</thead>
</table>

3: Conflict of Interest Resolution - Please indicate below how the conflict of interest will be resolved.

☐ I will support my lecture and clinical recommendations with the “best available evidence” from the medical literature. 
☐ I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings. 
☐ I will recommend an alternative speaker for this topic for the planning committee’s consideration. 
☐ I will submit my talk in advance to allow for adequate peer review. 
☐ I will divest myself of this financial relationship. 

As a course chair or planning committee member, to the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

4: Presentation(s) Content: Faculty Responsibility

☐ I warrant that nothing in my presentation is libelous or will infringe the rights of any third party. I also warrant that for any third party materials incorporated into my presentation, I have obtained all necessary permission from the copyright owner of such material. Upon request, I agree to furnish copies of said permissions(s) to AMDA. I am responsible for all fees, royalties, and charges for the use of such materials. 
☐ CME must provide a balanced view of therapeutic options. Use of generic drug names contributes to impartiality. Also, if my CME educational material or content includes trade names then trade names from several companies should be used where available, not just trade names from a single company. 
☐ I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. 
☐ I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). 
☐ I agree to provide verbal disclosure prior to my presentation at the activity to include relevant financial relationships and the discussion of any off-label use of medications or treatments.

☐ I attest to the statements in #3.
I attest that the information is accurate. Please accept this as my signature.

Name: 
Date: 
Return form to: 
Due Date: 

Commercial Interest - The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Financial relationships - Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, owner-ship 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, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

Relevant Financial Relationship - ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. After you submit a completed disclosure form, it is your responsibility to inform AMDA if the status of your financial relationships changes prior to your presentation.

Off-Label Use and/or Investigational Uses - FDA Statement - Some drugs or medical devices demonstrated have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice. “Off-label” uses of a drug or medical device may be described in CME activities so long as the “off-label” use of the drug or medical device is also specifically disclosed (i.e. it must be disclosed that the FDA has not cleared the drug or device for the described purpose). Any drug or medical device is being used “off-label” if the described use is not set forth on the product's approval label.

AMDA complies with the requirements of the National Physician Payment Transparency Program OPEN PAYMENTS (Physician Payments Sunshine Act).