



## Form C: Conflict of Interest: Faculty Disclosure

It is the policy of Icahn School of Medicine at Mount Sinai to ensure objectivity, balance, independence, transparency, and scientific rigor in all CME-sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are expected to disclose to the audience any relevant financial relationships and to assist in resolving any conflict of interest that may arise from the relationship. Presenters must also make a meaningful disclosure to the audience of their discussions of unlabeled or unapproved drugs or devices. This information will be available as part of the course material. Refusal to disclose will prohibit participation in an Icahn School of Medicine at Mount Sinai CME-sponsored activity.

**Name:** \_\_\_\_\_ **Activity Title:** \_\_\_\_\_  
**Title of Presentation:** \_\_\_\_\_ **Activity Date:** \_\_\_\_\_  
**Course Director:** \_\_\_\_\_ **Institution:** Icahn School of Medicine at Mount Sinai  
**Your Role:** Faculty  Course Director  Author  Reviewer  Moderator  Planning Committee

**Check all that apply:**

- ➔  I or a related party have no relevant financial relationship(s) to disclose
- ➔  I or a related party have a relevant financial relationship with a financially interested entity within the past 12 months

(Place insert an "x" in all the boxes that apply below)

Performance of any work for the sponsor or any commercial entity that has a product or class of products that will be discussed in the program* (e.g. Pharmaceutical Company, Medical Supply Company, etc.)	Nature of Financial Relationship						
	Consultant/Advisor	Employee	Independent Contractor	Officer/Director	Fiduciary Role	Research Support	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Compensated or uncompensated service for the sponsor or any commercial entity *	Nature of Financial Relationship					
	Consulting Fees	Honoraria for Lectures, Papers, Teaching	Salaries, Officer/Director's Fees	Gifts/Gratuities	Compensation for Service on Advisory Board	Royalty Payments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Own stocks, stock options, or other forms of ownership in the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the program? *	Nature of Financial Relationship					
	Ownership	Stocks	Stock Options	Gifts/Gratuities	Other Forms of Ownership	Identify if Publicly (P) Traded or Non-Publicly (NP) Traded P NP
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

\*List the names of the proprietary entities producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients (commercial interests) with the **exception** of non-profit or government organizations and non-health care related companies.

- ➔  I intend to reference unlabeled/unapproved/experimental and/or investigational (not FDA-approved) uses of drugs or products in my presentation, and will disclose this to the audience (specify drug(s) or product(s) by name): \_\_\_\_\_
- ➔  All presentation materials must be HIPAA compliant.  
I agree to remove all patient identifiers or to obtain permission from the patient to include such material.
- ➔  I agree to the ISMMS CME FACULTY PROCEDURES FOR DISCLOSURE AND PARTICIPATION (see other side)

Signature

Date

Faculty for any CME activity is responsible for updating this form prior to the CME event should any new relationships develop.

<b>COI Resolution - TO BE COMPLETED BY COURSE DIRECTOR (Please initial)</b>	
(A) No Conflict-of-Interest _____	(B) Speaker suggestion to resolve acceptable _____
(C) Further actions taken to resolve COI, specifically _____	
(D) Un-resolvable-Speaker Cancelled _____	

<b>Return completed form to:</b>	<b>Phone:</b> 718-584-9000 x3718	<b>Email:</b>	<b>Fax:</b> 718-364-3576
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## **POLICIES AND PROCEDURES: DISCLOSURE AND PARTICIPATION BY SPEAKERS, PLANNERS, MANAGERS AND REVIEWERS OF CONTINUING MEDICAL EDUCATION ACTIVITIES**

By completing the online disclosure form, the speaker/author, planner, manager and /or reviewer understands and accepts the following rules as required by ISMMS, ACCME Policies including the *Standards for Commercial Support: Standards to Ensure Independence in CME Activities*, and the American Medical Association rules pertaining to CME. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation content. Course participants will complete an evaluation including an assessment of any bias or perceived conflict of interest.

1. **Disclosure:** Speakers/authors, planners, managers and /or reviewers must complete and submit a Disclosure Statement **prior** to the presentation, and that Disclosure Statement shall be complete and truthful. Speakers/authors, planners, managers and /or reviewers are required to disclose any financial relationship(s) they may have with the manufacturers of any product or class of products to be discussed in an educational activity. The resolution of conflict of interest will assist the learners in assessing the potential for influence in information that is presented.
2. **Fair-Balance:** Speakers/authors, planners, managers and /or reviewers are required to prepare fair-and-balanced presentations, which are objective and scientifically rigorous.
3. **Transparency:** Speakers/authors, planners, managers and /or reviewers are required to disclose any financial relationship that will assist the learners in assessing the potential for influence in information that is presented.
4. **Unlabeled and Unapproved Uses:** Presentations that provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigative nature of their proposed uses to the audience. Speakers who plan to discuss non-FDA approved uses for commercial products and/or devices must advise ISMMS of their intent.
5. **Use of Generic versus Trade Names:** Presenters should use scientific or generic names in referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used. *For any product that they discuss, they must discuss both the benefits and limitations of that product and those of the products in that class of drugs. They will not stress one product over another without scientific evidence for recommendations.*
6. **Content Validation:** Presenters will deliver content that is evidence-based and conforms to the generally accepted formats of scientific data presentations. Presenters will not advise or recommend diagnosis or treatment in which the risks outweigh the benefits.
7. **Commercial Supporter Influence:** Speakers/authors, planners, managers and /or reviewers are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of an activity. There can be no direct input from a commercial supporter regarding the content of a presentation.
8. **Copyright:** Presenters must obtain, in writing, all consents, authorizations, approvals, and releases from Journal/Textbook publishers in order to include these articles in the course syllabus. Due to copyright law, we cannot reprint articles for which the presenter does not have written copyright permission.

### **Important policies related to participation in ISMMS sponsored CME activities:**

- The presentation slides/abstracts/monographs, etc. (CME activity materials) may be peer reviewed prior to the CME activity occurring, or being released, for fair balance and to validate content.
- The presentation and/or CME activity materials will be evaluated by participants for fair balance (e.g. degree of commercial bias) and enduring materials (if applicable) will be peer reviewed for fair balance and validation of content and may be edited accordingly.
- Any and all clinical recommendations made related to patient care as part of planning and/or CME materials will: 1) be based on the best available evidence, 2) give a balanced view of therapeutic options, and 3) will be in accordance with ACCME's Content Validation Statement. The level of evidence for all recommendations will be represented in the CME activity materials.
- CME activity materials must be HIPAA compliant (i.e. will only use de-identified patient information).
- Presenters must obtain the necessary copyright permission(s) if any portion of the CME activity material is not their original work or if they do not hold the requisite copyright authorizations.