

As a sponsor accredited by the ACCME, UMDNJ-Center for Continuing and Outreach Education (CCOE) must ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. **All individuals involved in the planning and implementation of an educational activity** must provide signed disclosure statements to CCOE prior to the initiation of an educational activity. In order to prevent commercial bias at its activities, CCOE will identify and resolve all conflicts of interest prior to the delivery of the educational activity to the learner. **Based on this disclosure information, CCOE may disqualify any individual from planning and implementation of a CME event, if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.**

Individuals are required to disclose to CCOE all relevant financial relationships with commercial organizations in any amount within the past 12 months related both to content presented and to commercial supporters of the activity. In addition, an individual developing a presentation that provides information, in whole or in part, related to non-FDA approved uses for drug products or devices, must indicate his/her intention to CCOE by way of this form. The individual must also clearly identify the unlabeled indications or the investigational nature of their proposed uses to the audience.

Individuals are also required to present information that recommends treatments or forms of medical practice that conform to the knowledge and skill requirements generally recognized and accepted by the profession, the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

In accordance with the Essential Elements and Standards of Commercial Support set forth by the Accreditation Council for Continuing Medical Education (ACCME), the undersigned individual understands and accepts the policy and standards as set forth in this document.

**All disclosure information must be communicated to the audience by means of a notation in the program or syllabus, or verbally by the activity director or moderator prior to the beginning of the activity. Individuals who do not provide the requested disclosure information cannot participate in the CME activity.**

Title of Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

Name \_\_\_\_\_

***Please answer the following questions and sign at the bottom.***

1. Do you or any member of your immediate family have any financial interests or other relationships with the manufacturer/provider of commercial products or services to be discussed in this activity?  
 Yes     No *(If Yes, list the commercial organization(s) in question #3)*
2. Do you or any member of your immediate family have any financial interests or other relationships with the commercial supporter(s) of this activity? *Supporting Companies: List Company(ies)*  
 Yes     No *(If Yes, list the commercial organization(s) in question #3)*
3. **If you answered "Yes" to questions 1 or 2**, please list below or attach a separate page if necessary, the commercial organization(s) with the type of relationship.  
Grant/Research Support \_\_\_\_\_  
Consultant \_\_\_\_\_  
Speakers Bureau \_\_\_\_\_  
Patent Holder \_\_\_\_\_  
Member, Scientific Advisory Board \_\_\_\_\_  
Member, Board of Directors \_\_\_\_\_  
Stock Shareholder \_\_\_\_\_  
(directly purchased)  
Other Financial Support \_\_\_\_\_  
Other Relationship/Affiliation \_\_\_\_\_

4. Do you believe that your and/or your immediate family's financial interests or other relationships with the manufacturer/provider of the subject commercial products or services create a conflict of interest or may introduce bias into the recommendations that you will present or otherwise inappropriately influence activity content?  
 Yes     No
5. During the development and implementation of this educational activity will your recommendations be based on:
- a) Evidence-based clinical medicine that is accepted within the profession of medicine and which adequately supports proper patient and disease management.  
 Yes     No
- b) Scientific research that supports or justifies patient care recommendations and conforms to generally accepted standards of experimental design, data collection and analysis.  
 Yes     No
6. Please indicate the level of evidence for your recommendations. Check all that apply.
- Evidence-Based Medicine: Practice recommendations supported by evidence that has been systematically reviewed by an evidence-based medicine (EBM) source. A systematic review in which all the trials on a topic have been systematically identified, appraised, and summarized according to predetermined criteria.
- Diagnostic and therapeutic recommendations presented in the books or review articles from the journals listed in the 2001 Brandon Hill Selected List of Books and Journals for the Small Medical Library (except CAM publications). The complete list of selected books and journals is published in the *Bulletin of the Medical Library Association*, April 2001, 87(2): 31-153.
- High quality randomized controlled trials. High-quality meta-analysis (quantitative systematic review) using comprehensive search strategies with full and unbiased reporting of results.
- Well-designed, non-randomized clinical trials. A non-quantitative systematic review with appropriate search strategies and well-substantiated conclusions. May include lower quality randomized controlled trials, clinical cohort studies, and case-controlled studies with non-biased selection of study participants and consistent findings. Other evidence is also included, such as high-quality, historical, uncontrolled studies, or well-designed, epidemiologic studies with compelling findings.
- Expert consensus statements of governmental agencies and institutions of the United States where the evidence has not been graded.
- Original scholarship, including research methodology and findings, as well as case reports that represent customary and generally accepted educational practice of presenting new and valuable information that is not yet based on acceptable levels of evidence.
6. Will your presentation include discussion of unlabeled use of a product or an investigational use of a product not yet approved by the FDA? *If Yes, this information must be identified and disclosed to the activity participants.*  
 Yes     No

**I certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS FORM TO:**

**CCOE Program Coordinator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CCOE, 30 Bergen Street, ADMC 710 Newark, NJ 07107**

**Fax:** \_\_\_\_\_