



Center for Continuing and Outreach Education  
Disclosure Declaration Form  
Faculty

As a CME provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), UMDNJ-Center for Continuing and Outreach Education (CCOE) must insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. As such, CCOE requires **all individuals in a position to control the content of an educational activity** to provide a signed disclosure form to CCOE prior to the initiation of the activity. In order to prevent commercial bias at its activities, CCOE will identify and resolve all conflicts of interest (e.g., peer review) 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 if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.**

Individuals are required to disclose all relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount as well as the nature of the relationship within the past 12 months. 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 the proposed uses to the audience.

Individuals are also required to present information that promotes recommendations and/or treatment or manners of practicing medicine: knowledge and skills generally recognized and accepted by the profession as within 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 ACCME, the undersigned understands and accepts the policies and standards as set forth in this document.

**All disclosure declarations 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 will be disqualified from participating in the development and delivery of a CME activity.**

Activity Title

Faculty Name

*Please answer all the questions on both pages and sign on page 2.*

1. Do you or any member of your immediate family have any financial interests or other relationships with the manufacturer/provider of any commercial products/services (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?

Yes  No

- a) **If Yes**, please list (or attach a separate page if necessary) the commercial organization(s) with the type of relationship listed below.

Grant/Research Support

Consultant

Speakers Bureau

Patent Holder

Member, Scientific Advisory Board

Member, Board of Directors

Stock Shareholder  
(directly purchased)

Other Financial Support (specify)

Other Relationship/Affiliation (specify)

b) **If Yes**, will your presentation include discussion of specific products/services of the commercial entities you've listed above?  
 Yes  No

2. During the development and delivery of my presentation, I attest to the following:

a) The content and/or the presentation of information in my presentation will promote improvement and quality in healthcare, and will not promote a specific proprietary business interest of a commercial organization.  
 Yes  No

b) Recommendations involving clinical medicine presented in my presentation will be based on evidence that is accepted within the profession of medicine that adequately justifies the indications and contraindications in the care of patients.  
 Yes  No

c) Scientific research referred to, reported or used in my presentation in support or justification of a patient care recommendation conforms to generally accepted standards of experimental design, data collection and analysis.  
 Yes  No

d) Research findings and therapeutic recommendations in my presentation will be based on scientifically accurate, up-to-date information and presented in a balanced, objective manner.  
 Yes  No

3. Please indicate the level of evidence of your clinical recommendations.

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.

Randomized Controlled Trial/Meta-Analysis: High-quality randomized controlled trial (RCT) that considers all important outcomes. High-quality meta-analysis (quantitative systematic review) using comprehensive search strategies with full and unbiased reporting of results.

Other Evidence: A well-designed, nonrandomized clinical trial. A non-quantitative systematic review with appropriate search strategies and well-substantiated conclusions. Includes lower quality RCTs, clinical cohort studies, and case-controlled studies with non-biased selection of study participants and consistent findings. Other evidence, such as high-quality, historical, uncontrolled studies, or well-designed, epidemiologic studies with compelling findings is also included.

Consensus/Expert Opinion: Consensus statements of governmental agencies and institutions of the United States or expert opinion where the evidence has not been graded.

Original scholarship, including research methodology and findings, as well as case reports, represent the customary and generally accepted educational practice of presenting new and valuable information that is not yet based on acceptable levels of evidence.

4. Will your presentation include discussion of unlabeled/investigational uses of a commercial product?

Yes  No

**If Yes, this information must be identified and disclosed to the learners during your presentation.**

**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. I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the development and implementation of this educational activity.**

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Signature

Date