Continuing Medical Education Financial Relationship Form



3			HEALIHCARE	
		Individual	's prospective role(s) in education:	
Name of Individual				
		□ PI	anner	
SERGG 2024 Presentation Title or Topic		□ Sp	peaker, Teacher, Instructor	
July 11-13, 2024		□ A	uthor, Writer	
Date(s) of Activity		□ С	ontent Reviewer	
Renaissance Asheville Downtov	wn Hotel — Asheville NC		since new circulation and the circulation and circulation and the circulation and the circulation and circulat	
Renaissance Asheville Downtown Hotel – Asheville, NC Location of Activity		□ O	ther:	
Location of Activity				
from industry influence. Please mtitus2@selfregional.org. The ACCME Standards for Integinformation be disqualified from education. Thank you for your education.	eaker, we would like to ask for your complete the form below and returnity and Independence require that m involvement in the planning and idiligence and assistance. If you have the CME Director, (864) 725-4865.	rn it to Mo individuals mplement any quest	lie Titus, CME Coordinator, who refuse to provide this ation of accredited continuing	
definition below). For each fina financial relationship(s). There relationships, regardless of the	ationships you have had in the past ancial relationship, enter the name of is no minimum financial threshold; amount, with ineligible companies, vance of each relationship to the economic to	of the inelig we ask tha You shoul	gible company and the nature of the tyou disclose all financial	
Name of Ineligible Company	Nature of Financial Relation	nshin	Has the Relationship Ended?	
An ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.	Examples of financial relationships include researcher, consultant, advisor, speaker, in contractor (including contracted research) patent beneficiary, executive role, and ow interest. Individual stocks and stock option disclosed; diversified mutual funds do not disclosed. Research funding from ineligible should be disclosed by the principal or nar investigator even if that individual's instituthe research grant and manages the funds	e employee, ndependent i, royalties or nership ns should be need to be e companies med ution receives	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.	
Example: ABC Company	Consultant		X	
☐ In the past 24 months, I have not had any financial relationships with any ineligible companies.				
attest the above information is	s correct as of this date of submissi	on:		

Name:	Date:
Name.	Date.

NSGC Conflict of Interest Disclosure

I understand that I must indicate below that either (a) I have NO financial interest in any commercial entity whose products or services are described, reviewed, evaluated or compared in the Presentation; or (b) I have a financial interest in a commercial entity whose products or services are described, reviewed, evaluated or compared in the Presentation. I must disclose any financial interest I may have in any commercial entity whose products or services are described, reviewed, evaluated or compared in the Presentation. For example, I must disclose if I (i) have an ownership interest in such a commercial entity; (ii) have a financial interest in any product or service discussed in the Presentation; (iii) am employed (whether full or part-time) by such a commercial entity; (iv) own all or part of any patent licensed to such a commercial entity; (v) have an ongoing relationship (e.g., as a consultant, agent, representative, speaker, etc.) with such a commercial entity; or (vi) have received financial compensation for my Presentation.

or compared in the Presentation?
☐ I DO NOT have any financial relationships to disclose
\square I DO have the following significant financial/other relationships to disclose
Name of Interest/Nature of Relationship (include all interest if more than one) Nature of Relationship: Click here to enter text.
☐ At the beginning of each presentation, I agree to provide verbal and written disclosures to attendees (conflict of interest disclosure on slides is required) regarding actual, potential or perceived conflicts of interest, and include the nature of the relationship as stated above. If I do not have any identified conflicts of interest, then the learner(s) will be informed that no conflict of interest exists.
\square I have indicated in my statement above if the educational content, materials, and/or slides have been developed by a commercial entity. I also agree to disclose this information to attendees.
□ I agree to use generic names (i.e., non-branded names) in my presentation as much as possible. Specific products or commercial entities will neither be promoted nor disparaged. The content of my educational presentation will not contain advertisements for a specific product, company, and/or service. My presentation will be free of branded slides and commercial logos.
Name (Printed)
Signature
Date