



Office of Continuing Education
Disclosure of Financial Relationships Form

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Name, degrees, and/or credentials _____

CE Activity name _____

Presentation title _____

Indicate role: [] Speaker/author [] Course Director [] Planning committee [] Moderator/Panelist

In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty, moderators, and panelists must make full disclosure indicating whether they, and/or a spouse or domestic partner, have had any relevant financial relationships with commercial interests within the last 12 months. A relevant financial relationship is one in any amount with a commercial interest excluding the holding of mutual funds. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients (excepting non-profits, government organizations or providers of clinical service directly to patients). Disclosing a relevant financial relationship with an organization does not preclude involvement in the development, management, presentation, or evaluation of a CE activity. However, the Course Director must have resolved any conflict(s) of interest and the audience must be informed of all such relationships prior to the start of the activity. Individuals who refuse to disclose will be disqualified from participation in the CE activity. Failure to complete and return the form is the same as refusing to disclose.

Mark the applicable statement:

[] Neither I, nor my spouse or domestic partner, have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest.

[] I, or [] my spouse or domestic partner, have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below. Please attach an additional list, if needed. Please also complete the second page of this disclosure.

Table with 7 columns: Name of Commercial interest/ Company, Spouse/ Partner?, Grant/ Research Support?, Con-sultant?, Stocks/ Bonds? (Exclude mutual funds), Speakers Bureau?, Other (describe)

Treatment Recommendations and Research Citations: If you make treatment recommendations or reference scientific research as part of your presentation, you must read and initial the following. Please note that all studies and evidence must be referenced on presentation slides or handouts.

[] I attest that all clinical recommendations are based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported, or used in support of or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.

Signature _____ Date: _____

All information disclosed must be shared with the participants either written on the program handouts, promotional materials and/or audiovisual presentation or verbally prior to the CE activity.



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Office of Continuing Education Conflict of Interest Resolution Form

TO BE COMPLETED ONLY IF A FINANCIAL RELATIONSHIP EXISTS TO DETERMINE CONFLICT OF INTEREST:

If you have disclosed a relevant financial relationship pertaining to your involvement in this CE activity, and you believe that this relationship will not constitute a conflict of interest, please check one of the following reasons. If none of these reasons are applicable, this does not mean that you will be unable to participate in the CE activity. The Course Director will contact you to further discuss your participation.

- The financial relationship does not relate to my educational assignment/presentation.
- I will be using best available published evidence to support my presentation. Please list evidence/studies cited (attach a separate list if needed):

- I am changing my relationship with the commercial interest. Nature of change: _____

- All scientific data referenced or used as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis. Please list data referenced (attach a separate list if needed): _____

- Other: _____

- I am unsure how to resolve my potential conflict of interest. Please contact me.

Name (printed) _____ Signature _____

This form is designed as a first step in resolving any potential conflicts of interest for the relevant financial relationship(s) you have disclosed. You will be contacted if further information is required. **Your cooperation in complying with this standard is appreciated.**

For Course Director Use Only:

Name of CE Activity _____

The conflict of interest was resolved by the following:

- ___ 1. A review of the disclosed financial relationship and the assignment revealed that no conflict of interest exists.
- ___ 2. Financial relationship was altered by: _____
- ___ 3. Control over content was altered by: _____
- ___ 4. Peer review of the content determined: _____
- ___ 5. Unable to resolve the conflict and the individual was eliminated from participation in the CE event.
- ___ 6. Other...Describe: _____

Signature (Course Director) _____ **Date** _____