

Dear Planner/Faculty Member:

The Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support require that all accredited providers must collect commercial relationship information from CME activity faculty for identifying conflicts of interest, and for resolving those conflicts of interest.

The ACCME defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. The ACCME has not set a minimum dollar amount for relationships to be significant.

The following is a brief description of how these rules may affect you as a planner or faculty member for the National Medical Association:

- All planners and faculty are required to complete a Full Disclosure Form.
- The Full Disclosure form must be completed by all persons in a position to affect the content of the CME activity.
- Any planner or faculty member who refuses or fails to submit relationship information will not be permitted to participate in planning or implementing the activity.
- We are required to identify and resolve conflicts of interest held by planners and faculty members.
- Because of the possibility of disqualification for failure to provide relationship information and because of the need to examine the relationship information for possible conflicts, we will set deadlines for receipt of the Full Disclosure Form from you. Failure to meet these deadlines will result in your disqualification from participation in the activity.
- As a result of our analysis of your relationship information, we may find that you have a conflict of interest. This does not necessarily mean that you cannot participate in the activity. Rather, depending on the nature of the conflict, we will undertake efforts to resolve that conflict, including, but not limited to, communicating obligations and restrictions to you, altering your role in the activity, reviewing your content for possible revision, and monitoring your presentation.

We value your participation in our CME activities and look forward to your participation in the future. Should you have any questions about our new policies and procedures, please call me at 202-347-1895.

Sincerely,
Colin C. Syphax
Director, Continuing Medical Education



**NATIONAL MEDICAL ASSOCIATION
CONTINUING MEDICAL EDUCATION
FULL DISCLOSURE FORM**

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all planners, teachers, and authors involved in the development of CME content are required to disclose to the accredited provider their **relevant financial relationships**. *An individual has a relevant financial relationship if he or she (or spouse/partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.* Relevant financial relationships will be disclosed to the activity audience.

Title of Activity: _____

Name of Planner/Teacher/Author: _____

1. **Does the CME content over which you have control contain information about healthcare products or services?** *Check one:*

- Yes No

If Yes, please move to Question 2. If No, please sign below and return this form via email, fax or USPS.

2. **Regarding the healthcare products or services that will be discussed in the CME content over which you have control, have you or your spouse/partner had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services?** *Check one:*

- Yes No

If Yes, please complete the chart below. If No, please sign and return this form.

Manufacturer or Service Provider	Nature of Relationship (e.g., employee, consultant, research grant recipient, speakers’ bureau, stockholder, etc.)	I have divested myself (or my spouse/partner has divested himself/herself) of this relationship.	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. **Will any of the relationships identified in the chart above cause the information about healthcare products and services in the CME content you control to be commercially biased?** *Check one:*

- Yes No

4. **Signature:** _____ **Date:** _____

5. **Return this form to:** NMA Department of CME, 8403 Coleville Road Suite 820, Silver Spring, MD 20910, 202-347-1895 • 301-495-0359 (fax) • cme@nmanet.org