

**Continuing Medical Education Program
Disclosure Declaration Statement**

To be completed by the Planner, Faculty, or Others Who May Control Educational Content

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is **no minimum** financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of the Ineligible Company	Enter the Nature of the Financial Relationship	Has the Relationship Ended?
<p>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>For specific examples of ineligible companies visit accme.org/standards</p>	<p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties, or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please place a check in the column below. This will help the education staff determine if any mitigation steps that need to be taken.</p>
<i>Example: ABC Company</i>	<i>Consultant</i>	

In the past 24 months, I have not had any financial relationships with any ineligible companies.

I attest that this information is correct as of this date of submission. _____

Date: _____