



## DISCLOSURE OF COMMERCIAL RELATIONSHIPS

### To be completed by education staff

Name of individual:

Title of Continuing Education:

Date and location of Education:

### Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> Planner                      | <input type="checkbox"/> Accredited Provider |
| <input type="checkbox"/> Teacher, Instructor, Faculty | <input type="checkbox"/> Program Director    |
| <input type="checkbox"/> Author, Writer               | <input type="checkbox"/> Course Director     |
| <input type="checkbox"/> Reviewer                     | <input type="checkbox"/> Nurse Advisor       |

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to:

**Contact Name/email:**

**By this Date:**

The Standards for Integrity and Independence in Accredited Continuing Education require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

### To be Completed by 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 Ineligible Company

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For examples, please visit:  
<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility>

#### Enter the Nature of Financial Relationship with an Ineligible Company

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.

Please Note: Individuals who own stock in a privately held ineligible companies are considered owners or employees.  
<https://accme.org/faq/if-individual-reports-they-own-stock-ineligible-company-how-should-provider-manage-relationship>

Company	Consultant	Speaker	Grant Research Support	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	<b>In the past 24 months, I have not had any financial relationships with any ineligible companies.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been excluded, debarred, suspended or otherwise deemed ineligible to participate in federal health care programs or in federal procurement or non-procurement programs or been convicted of a criminal offense that would result in mandatory exclusion from such programs or debarred or excluded by another federal agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the last two years, have you violated or received notice of any violations or potential violations related to ACCME/ANCC/ACPE or other accredited continuing education/continuing professional development policies and standards?

<b>I attest that the above information is correct as of this date of submission.</b>	<b>Date:</b>
<input type="text"/>	<input type="text"/>

# CONTENT VALIDATION ATTESTATION

## Off-Label Use

Boston University Chobanian & Avedisian School of Medicine CCE is responsible for ensuring that education is fair and balanced and that any clinical content presented supports safe, effective patient care. Please read each statement, check the boxes and sign below.

### Section 1: Content Validation Attestation:

All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.

Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

I have reviewed and agree to comply with the Standards for Integrity and Independence, Accreditation Criteria, and BU CCE policies and procedures.

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

I attest to compliance with all applicable laws, including copyright laws.

I have not and will not accept any honoraria, additional payments or reimbursements for this CE activity from an ineligible company.

### Section 2: Unlabeled/Investigational Uses

Should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants. Please indicate below whether you intend to discuss unlabeled/investigational uses of a commercial product

I do  I do not  plan on discussing unlabeled/investigational uses of a commercial product.

Please list the unlabeled/investigational uses of any products that you plan to discuss:

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I attest that the above information is correct as of this date of submission.		Date:	
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