

## DISCLOSURE STATEMENT FOR CME ACTIVITY

NAME: \_\_\_\_\_

EFFECTIVE DATES: \_\_\_\_\_

NAME OF CME ACTIVITY: \_\_\_\_\_

Role (select all that apply):

- Activity Planner
- CME Committee Member
- Faculty/Speaker/Author
- Reviewer

As an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), the National Foundation for Infectious Diseases requires everyone who is in a position to control the content of an educational activity to disclose all relevant financial relationships with commercial interests (e.g., pharmaceutical, medical device, biologics, or diagnostics companies that manufacture products regulated by the U.S. Food and Drug Administration.) The ACCME defines the term, *relevant financial relationships*, as “**financial relationships in any amount, occurring within the past 12 months**” for you, your spouse, or partner that could create a conflict of interest.

### Declaration

- I have no relevant financial relationships to disclose.
- I have a financial interest/arrangement or affiliation with the following organization(s) that could be perceived as a real or apparent conflict of interest in the content of educational activities planned.

### Disclosure of Financial Relationships

Affiliation/Financial Interest	Name of Affiliated Organization
Consultant/advisory board	
Employment	
Ownership Interest (includes stock, stock options, patent, or other intellectual property)	
Recipient of grant or research support	
Speaker/Honoraria	
Other financial or materials support	

### Adherence to conflict of interest policy

In order to resolve conflicts of interest that can arise during the course of planning educational activities, I agree that I will exclude myself from planning if I have a financial interest or arrangement with companies related to the topic or topics being planned.

Signature \_\_\_\_\_

Date \_\_\_\_\_