

## **Accredited Continuing Education**

## School of Medicine

## **Disclosure of All Financial Relationships Reporting**

The intent of disclosure in accredited continuing education is to follow accreditation guidelines to create highquality education that is independent of industry influence. We request you disclose financial relationships whether you view the financial relationship as relevant to the education. The identification of financial relationships does not necessarily mean you are unable to participate in the planning and implementation of educational activities. The CME office will work with you to determine relevance and attempt to mitigate any potential conflicts before moving forward with the accredited activity planning.

The ACCME Standards for Integrity and Independence 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. If you have questions, please contact us at 504-568-2000 or cme@lsuhsc.edu.

$\bigcirc$	Name of Individual:			
	Title of Continuing Education Activity:			
	As a prospec learning env	cation of Education Activity :		
	Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)			
		Planner Examples: planning committee, staff involved in choosing topics, faculty, or content		
		Teacher, Instructor, Faculty		
		Author, Writer		
		Reviewer		
		Other		
The Louisiana State University School of Medicine-New Orleans (LSUSOM-NO) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and is required to identify and resolve, when possible, all potential conflict of interest with any individual who may be in a position to influence				

when possible, all potential conflict of interest with any individual who may be in a position to influence and/or control accredited medical education activities. All individuals in a position to influence and/or control the content of LSUSOM-NO certified education activities are required to disclose to LSUSOM-NO and subsequently to learners *any and all* financial relationships that you have had in the past 24 months with ineligible companies. You are expected to disclose all financial relationships regardless of the potential

relevance of each relationship to the education.

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 specific examples of ineligible companies visit accme.org/standards.

Examples include: advertising, marketing, or communication firms whose clients are ineligible companies; bio-medical startups that have begun a governmental regulatory approval process; compounding pharmacies that manufacture proprietary compounds; device manufacturers or distributors; diagnostic labs that sell proprietary products; growers, distributors, manufacturers or sellers of medical foods and dietary supplements; manufacturers of health-related wearable products; pharmaceutical companies or distributors; pharmacy benefit managers, reagent manufacturers or sellers.

Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners and/or faculty, and must not be allowed to influence or control any aspect of the planning, delivery or evaluation of accredited continuing education, except in limited circumstances outlined in standard 3.2.

Your response is required to the following items					
Q1: In the past 24 months, hav	<b>Q1:</b> In the past 24 months, have you had <i>any</i> financial relationships with any ineligible companies?				
Financial relationships may include: employee, research, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role and ownership interest including individual stock or stock options.					
provide details below:					
Name of Ineligible Company	Nature of the Financial Relationship	Has the Relationship ended?			
Ex: Pharmaceutical Company X	Consultant	No			
<ul> <li>Q2: Content Validity &amp; Educational Materials</li> <li>As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:</li> <li>Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.</li> <li>Ensure that, if there is a range of evidence, that the credible sources cited present a balance view of the evidence.</li> <li>If clinical recommendations will be made, include balanced information on all available therapeutic options.</li> <li>Address any potential risks or adverse effects that could be caused with any clinical recommendations.</li> <li>Educational materials that are part of accredited education (slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.</li> </ul>					
l agree	I do not agree Please cont	tact me to discuss			
Q3: Off-Label & Practice Promo	otion				
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.					
Accredited continuing education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.					
l agree	I do not agree Please conta	act me to discuss			
Q4: Attestation         I attest that the above information is correct as of this date of submission         Signature:					
Signature:	Date: 504-	-292-1422			