

American College of Physicians
Conflict of Interest Disclosure Statement for CME Faculty, Authors, Members of Planning Committees and Staff

Name of Activity 2016 ACP-WI Annual Meeting Date 9/9/16-9/10/16 Location Wilderness Resort, Wisconsin Dells, WI

It is the policy of the American College of Physicians (ACP) to ensure balance, independence, objectivity and scientific rigor in all its educational activities. A conflict of interest exists when an individual or their spouse/partner has a financial relationship with a commercial interest. These relationships are defined as financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. All faculty, authors, members of planning committees and staff participating in any ACP educational activities are therefore expected to disclose all financial relationships. The principal intent of this disclosure is not to prevent an individual with such relationships from participating in the activity. Disclosure is required so that the planning committee, course director, and/or staff can resolve these conflicts and so that participants may be informed and form their own judgments about the activity in the light of full disclosure of the facts.

Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias.

Section 1: I have read the above and I declare the following:

☐ I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. *(Skip to Section 3)*

☐ I have a relationship with an entity(s) producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients as noted below. *(Complete Sections 1, 2, & 3)*

(Please indicate the companies with whom you have a relationship and the nature of your role below.)

Type of Relationship	Name of Organization	Type of Relationship	Name of Organization
Employment	<hr/>	Consultantship	<hr/>
Stock Options/Holdings	<hr/>	Patent Owner	<hr/>
Research Grants/Contracts	<hr/>	Speakers Bureau	<hr/>
Royalties	<hr/>	Other	<hr/>
Honoraria	<hr/>	If you need additional space, please attach a separate sheet.	

Section 2: ☐ The relationships above are not relevant to the topic I will be discussing.

☐ One or more of the above relationships is relevant to the topic and content of my presentation. Complete A & B.

A. Company or companies.

B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest.

Section 3: ☐ I hereby accept the invitation to participate as: ☐ Faculty ☐ Author ☐ Staff ☐ Planning Committee Member
(Check all that apply.)

☐ Due to a conflict of interest, I decline to participate at this time.

Name *(Please print)*

Signature

 Date

I understand that the information I provide on this form will be made known to the planners and participants of the educational activity.

Please note: It is the responsibility of faculty and authors to inform participants of any discussion of unapproved or investigative use of a commercial product or device during the activity or, if applicable, in response to questions posed by the participants. Faculty and authors should use generic names whenever possible. If trade names will be used, those from several companies should be used.

Individuals who do not complete and submit this form cannot serve as faculty, authors or planning committee members.