

**Purpose for Completing Form:** If you plan to serve as an activity director, planner, presenter, moderator, panel member, author, or as a content validation reviewer for a CME activity sponsored by Sunrise Health System within the next twelve months, you must complete this form.

**Any individual who refuses to complete this form will be disqualified from being an activity director, planning committee member, faculty/speaker, presenter/moderator, or reviewer of a CME activity sponsored by Sunrise Health System, and cannot have control of or responsibility for the development, management, presentation, or evaluation of the CME activity.**

If you have any questions, please contact the Office of CME at 702.731.8777 or Amber.Carter2@HCAHealthcare.com.

**PART 1 – NAME OF INDIVIDUAL COMPLETING FORM**

**Contact Information**

Full Name: _____	Degree(s): _____
Affiliation: _____	Activity Role: _____
E-Mail: _____	Phone: _____

**PART 2 – FAIR BALANCE, INDEPENDENCE CONTENT VALIDATION, AND LEVEL OF EVIDENCE**

ACCME Content Validation Statement: All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

- I understand my presentation slides/abstract/monograph, etc. (CME activity materials) may be peer reviewed prior to the CME activity occurring for fair balance, validation of content, and may be edited accordingly.
- I understand my live presentation and/or CME activity materials will be evaluated by participants for fair balance (e.g. degree of commercial bias).
- I attest that any and all clinical recommendations I make for patient care as part of my planning and/or CME activity materials will be based on the best available evidence, that a balanced view of therapeutic options will be given, and the content will be in accordance with ACCME's Content Validation Statement. I will also provide the level of evidence for all recommendations in the CME Activity materials.

**PART 3 – COMMERCIAL BIAS**

Commercial Support Standards require that your presentation be free of commercial bias and any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. Presentation must give a balanced view of therapeutic options. When discussing therapeutic options use only generic names. If it is necessary to use a trade name, then those of several companies must be used where available.

- I attest that my presentation or discussion contributions will be free of commercial bias.
- I attest that I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Sunrise Health System Office of CME.

**PART 4 – OFF-LABEL USES AND LIMITATIONS OF DATA**

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 agree to make meaningful disclosure to the attendees of this CME activity when products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations (e.g. ongoing, unsupported) on the information that I present.
- OR -**
- I do not plan on discussing unlabeled/investigational uses of a commercial product.

**PART 5 – HIPAA, COPYRIGHT PERMISSION(S), AND OPPORTUNITY FOR DEBATE**

- I attest that my CME activity materials will be HIPAA compliant (i.e., I will use de-identified patient information when possible).
- I agree to obtain the necessary copyright permission(s) if any portion of my CME activity materials that I prepare is not my original work or for which I do not hold the copyright.
- I agree to provide meaningful opportunity for questioning or scientific debate.

**PART 6 – DISCLOSURE OF ALL FINANCIAL RELATIONSHIPS**

- A. List the names of proprietary entities producing health care goods or services (commercial interests<sup>1</sup>) with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months. For this purpose we consider the financial relationships of your spouse or partner that you are aware of to be yours. **Note: If you do not have any financial relationships to disclose, please skip to D.**
- B. Delineate what you or your spouse/partner received (ex: salary, honorarium, etc.). Sunrise Health System Office of CME does **NOT** want to know how much you or your spouse/partner received.
- C. Define your (or your spouse/partner's) role.

A. Commercial Interest	Nature of Financial Relationship (Include all those that apply)	
	B. What was received? Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit	C. For what role? Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, and others.
<i>Example: ABC Pharmaceuticals</i>	<i>Honorarium</i>	<i>Speaker</i>

D. If you did not have any financial relationships to disclose, please clearly print "NONE" in the box above.

**SIGNATURE**

I agree to update this form within 30 days if I acquire any new financial relationships.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing, you verify that this information is true and correct.)

**TO BE COMPLETED BY ACTIVITY DIRECTOR OR OFFICE OF CME UPON REVIEW**

- Action Taken:
- No relationships exist;
  - Relationships exist; reviewed by Activity Director or Office of CME. No conflict of interest exists.
  - Relationships exist; reviewed by activity Director of Office of CME, and conflict of interest exists.
    - If this option is checked, please complete and submit the Clinical Content Review and Validation Form

Reviewer Initials: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. **Note:** The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical services is owned, or controlled by, an ACCME-defined commercial interest.