



DISCLOSURE OF FINANCIAL RELATIONSHIPS

Name, Degree:	
Title of Continuing Education:	
Date and Location:	
Role in Education:	<input type="checkbox"/> Planner <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Author, Writer <input type="checkbox"/> Reviewer <input type="checkbox"/> Other: _____

It is the policy of Touro University College of Osteopathic Medicine – California (TUCOM) to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. 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.

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.

<u>Enter the Name of Ineligible Company</u>	<u>Enter the Nature of Financial Relationship</u>	<u>Has the Relationship Ended?</u>
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 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.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

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

OFF LABEL DISCUSSION:



I intend to discuss an off-label/investigative use(s) of a product(s)/substance(s).

NO YES; please explain _____

DECLARATION:

- I will uphold TUCOM standards to ensure balance, independence, objectivity, and scientific rigor in my role in planning this educational activity.
- Scientific research referred to, reported, or used by me will conform to the generally accepted standards of experimental design, data collection, and analysis.
- Any recommendations for clinical medicine will be based on evidence accepted within the profession and will include the source.
- I will comply with any steps necessary to mitigate relevant financial relationships prior to the educational activity.

Signature

Date

This disclosure form is designed to assist all parties involved in the identification and mitigation of any potential conflict of interest that may arise. If the status of a financial relationship changes, you must submit a revised disclosure form. All relevant financial relationships will be disclosed to the learners prior to the start of the activity.

MITIGATION RECORD (CME Office use only) <input type="checkbox"/> No RFRs or Additional Action Required		
Any relevant financial relationship(s) as identified above was mitigated via the following: <input type="checkbox"/> Good Practices Agreement		
<input type="checkbox"/> Peer Review <input type="checkbox"/> Relationship Ended <input type="checkbox"/> Content Revision/Recusal <input type="checkbox"/> Removed from participation <input type="checkbox"/> Other _____		
_____ CME Office Signature (no relevant relationships)	_____ Role	_____ Date