Template for Collecting Information about All Financial

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To be completed by education staff.								
Name of Individual:			Individual's prospective role(s) in education Identify the prospective role(s) that this person may have in the planning and delivery of this education <i>(choose all that apply)</i>					
Title of Continuing Education:			Planner Examples: planning committee, staff involved in choosing topics, faculty, or content Teacher, Instructor, Faculty					
Date and location of Education:			Author, Writer Reviewer Other					
As a prospective planner or faculty membe influence. Please complete the form below	r, we would like to and return it to	ask for <u>Co</u>	your help in prot ntact Name/ema	ecting our lean <u>il</u> by	ning environme Date	nt from industry		
The ACCME Standards for Integrity and Ind from involvement in the planning and imple assistance. If you have questions, please of	mentation of accre	edited co	ntinuing educat					
To be Completed by Planner, Faculty, or O	thers Who May Co	ontrol Ea	lucational Conte	nt				
Please disclose all financial relationships the For each financial relationship, enter the name financial threshold; we ask that you disclose al disclose all financial relationships regardless o	e of the ineligible cor I financial relationsh	mpany ai nips, rega	nd the nature of th Irdless of the amo	ne financial relation financial relation financial relation financial financial financial financial financial fi	tionship(s). There ble companies. \	e is no minimum		
Enter the Name of Ineligible Company	Enter the Natur	e of Fin	ancial Relation	ship	Has the Relat	ionship Ended?		
An ineligible company is any entity whose orimary 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 .			cial relationships include employee, lltant, advisor, speaker, independent ng contracted research), royalties or , executive role, and ownership interest. and stock options should be disclosed; funds do not need to be disclosed. from ineligible companies should be rincipal or named investigator even if that tion receives the research grant and ls.			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.		
Example: ABC Company Consulta						X		
In the past 24 months, I have not have	-	•		ible companies	3.			
attest that the above information is co	orrect as of this o	date of	submission.	<mark>Date</mark>				
Return completed Disclosure form PeaceHealth St. Joseph Medical Cer Attn: CME Program ssandiford@peacehealth.org Fax: 360-752-5302			Res Pe	aceHealth Joseph Medi	ical Center			

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