**MOSES/WEITZMAN HEALTH SYSTEM AND WEITZMAN INSTITUTE DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FOR CE ACTIVITIES**

Moses/Weitzman Health System (MWHS) and its Weitzman Institute’s policy is to ensure balance, independence, objectivity, and scientific rigor to all programs it provides.

Individuals must disclose relationships with ineligible companies if both (a) the relationship is financial and occurred within the past 24 months and (b) the individual has the opportunity to affect the content of the CE about the products or services of that ineligible company.

MWHS/Weitzman Institute requires that anyone who is in a position to influence or control the content of the CE activity disclose relevant financial relationships with ineligible companies so that any potential for commercial bias can be identified and mitigated prior to the start of the CE activity.

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience and will be reviewed in advance by the appropriate CE activity staff as detailed in MWHS/Weitzman Institute’s CE Policy. Failure to disclose or a false disclosure may result in your removal from the program.

**Definitions:**

Ineligible company – an organization whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include, but are not limited, to device manufacturers or distributors, diagnostic labs that sell proprietary products, and pharmacy benefit managers. The ACCME does *not* consider providers of clinical service directly to patients to be ineligible companies.

Relevant Financial Relationship – financial relationship(s), existing in any amount, which occurred in the 24-month period preceding the time that the individual was asked to assume a role of controlling content of the CE activity, and which relate to the content of the educational activity, causing a conflict of interest.

The ACCME considers financial relationships to be relevant in CE when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CE about the products or services of that ineligible company. Relationships are relevant if the “educational content an individual can control is related to the business lines or products of the ineligible company.”

**CE Activity:**

**Presenter Name:**

**Date(s) of CE Activity (start and end date if applies):**

**Role in this CE Activity (check all that apply):** [ ] Activity Director; [ ]  Planner; [ ]  Speaker;

[ ]  Moderator; [ ]  Reviewer; [ ]  Other – Please List:

[ ]  I, the undersigned, declare that **I do not** havea relevant financial relationship with an ineligible company in regards to my continuing education presentation at MWHS/Weitzman Institute. If you check this box, proceed to the **SIGNATURE LINE** below.

[ ]  I, the undersigned, **have** a relevant financial relationship with an ineligible company related to the content of my continuing education presentation at MWHS/Weitzman Institute as follows (there is no need to disclose the actual financial value of any affiliation). If you check this box, proceed to the **OUTLINE OF RELEVANT FINANCIAL RELATIONSHIPS** table below.

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| **OUTLINE OF RELEVANT FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES**If a relevant financial relationship with an ineligible company may exist, use the outline below to provide details to the CE Activity staff. You **do not** need to fill out this table if you have no financial relationships to report. |
| **Type of Relationship** | **Money Paid to You** | **Money Paid to Your Institution for Your Effort**  | **Entity** |
| 1. Grants/research support (excluding government agencies) | [ ]  | [ ]  |  |
| 2. Consulting fee | [ ]  | [ ]  |  |
| 3. Stock/shareholder (directly purchased) | [ ]  | [ ]  |  |
| 4. Honorarium | [ ]  | [ ]  |  |
| 5. Support for travel to meetings or other purposes | [ ]  | [ ]  |  |
| 6. Board membership | [ ]  | [ ]  |  |
| 7. Employment (excluding clinical care) | [ ]  | [ ]  |  |
| 8. Payment for development of educational presentations (excluding this CE Activity) | [ ]  | [ ]  |  |
| 9. Patents (planned, pending, issued) | [ ]  | [ ]  |  |
| 10. Royalties | [ ]  | [ ]  |  |
| 11. Payment for lectures, including service on speakers’ bureaus | [ ]  | [ ]  |  |

I agree that I will:

* Work with the course director to mitigate any perceived financial relationships related to this activity;
* Inform the audience of any potential relevant financial relationships, or lack thereof, as determined by CE Activity staff, including the use of written disclosure in the appropriate presentation format (e.g., PowerPoint slide) that lists potential conflicts;
* Deliver unbiased, objective, evidence-based content and present the source and type or level of evidence;
* Inform the audience if I discuss or reference an unlabeled/unapproved use of a therapeutic agent or device; and
* Inform the audience if I use any information from research supported by any of my financial interests and will demonstrate that the information was obtained through general accepted scientific methods.

**I attest that the foregoing information is complete and truthful.**

**SIGNATURE PRINT NAME DATE**