

University of California, San Diego Continuing Medical Education FACULTY DISCLOSURE FORM

It is the policy of UCSD Continuing Medical Education (CME) and the University of California CME Consortium to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form will not participate in the CME activity.

CME Activity Title:		Medicine Grand Rounds				
Title of Presentation:						
Live Presentation Date:		-or-		<input type="checkbox"/> Home Study/Enduring Materials		
Please indicate your role:		<input checked="" type="checkbox"/> Presenter	<input type="checkbox"/> Author	<input type="checkbox"/> Course Director	<input type="checkbox"/> Moderator	<input type="checkbox"/> Planning Committee Member
Name:			Title:			
Phone:			E-mail:			

DISCLOSURE

<input type="checkbox"/>	<input type="checkbox"/>	<p>Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with a commercial interest that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on patients that will be discussed in this CME activity (planner) or in your presentation (speaker/author)?</p> <p>YES NO</p> <p>If NO, skip to DECLARATION section below. If YES, please list your disclosures <i>and</i> approaches to resolutions below.</p>
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Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other
1.	
2.	
3.	
4.	

The following mechanisms have been identified to resolve conflicts of interest. Please check all that apply:

Presenter/Authors

I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature. See suggested sources of best evidence at www.aafp.org/x3139.xml.

I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.

I will recommend an alternative presenter for this topic for the planning committee's consideration.

I will submit my presentation in advance to allow for adequate peer review.

I will or have divested myself of this and/or these financial relationship(s).

Planners

To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

I will recuse myself from planning activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

DECLARATION

<ol style="list-style-type: none"> 1. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. 2. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA) 3. I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products. <p>Signature _____ Date _____</p>

**Please return this form to Gaylene Eisenach, FAX: 858-822-3344
If you have questions about this policy, please contact CME 858-822-4773**