



CME Conflict(s) of Interest Disclosure

It is the policy of the Wright State University Boonshoft School of Medicine Continuing Medical Education (CME) Committee to ensure balance, independence, objectivity and scientific rigor in all CME activities.

All individuals in a position to influence the content of a certified CME activity must disclose any relevant financial relationship that might affect your independent involvement in the proposed CME activity. "Relevant financial relationship" is defined as a financial benefit that you, your spouse, or an immediate member of your family has had within the past 12 months. This pertains to salaries, royalties, intellectual property rights, consulting fees, honoraria, ownership interest or other financial benefits with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is to ensure that any potential conflict will be identified openly so that the activity participants may form their own judgments about the presentation with the full disclosure of facts.

Activity: Antimicrob.org

Date: 6/10/09

Company: _____ Contribution _____

Name: _____

Role: Faculty/ Speaker Planning Committee Member

I do not have any financial arrangement or affiliation with the organization offering financial support or an educational grant for this continuing medical education activity.

I do have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this continuing medical education activity, as follows:

Relationship	Self	Family Member	List Name(s) of Commercial Entity(ies)
Affiliation/Financial Interest	<input type="checkbox"/>	<input type="checkbox"/>	
Grant Research Support	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Wyeth</u>
Speaker's Bureau	<input type="checkbox"/>	<input type="checkbox"/>	
Major Stockholder	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	


Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in the proposed CME activity. However, ACCME policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict.

Please note the following from the ACCME Standards for Commercial Support: "An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of a CME activity."

Will your presentation(s) include discussion of any 'off-label' uses of any FDA approved pharmaceutical products or medical devices?

No Yes, please list the product(s) and the 'off-label' use to be discussed _____

Your signature below attests to the accuracy of the information you have provided above and you have agreed to the Planning Committee and Speaker Guidelines.

Signature: 



CME Planning Committee Conflict(s) of Interest Resolution

Must complete if checked: "I do have a financial interest..." on the CME Conflict(s) of Interest Disclosure Form.

Planning Committee: The ACCME requires that all members of an activity planning committee disclose any relevant financial relationships with any commercial interest to the CME provider.

- a. At the first meeting of the planning committee, all members must disclose any relevant financial relationships. All members who have no relationships should be documented in the minutes of the committee meeting.
- b. In the event of an identified COI, appropriate action should be taken to ensure its resolution.

All actions to identify and resolve conflicts of interest among the planning committee should be documented in the minutes of the committee meeting and submitted to the CME office.

Activity Title: Antimicrobe.org

Date of Activity: 8/09

- I will withdraw from the planning committee
- I will be excluded from planning any portions of the activity which are related to the COI.
- The activity will be subject to peer review by the remainder of the planning committee to ensure the absence of bias in its content.
- The activity will be submitted for peer review by the School's director of CME
- I am changing my relationship with the commercial interest. Nature of change: _____
- Other: _____

Victor L. Yu, Victor Yu
Printed Name/Signature

7/14/09
Date

- I have read and approved the above resolution.
- I have reviewed the content of the presentation and have ensured the absence of bias in its content.

[Signature]
CME Director Signature

8/27/09
Date



CME Conflict(s) of Interest Resolution

Must complete if checked: "I do have a financial interest..." on the CME Conflict(s) of Interest Disclosure Form.

Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in the proposed CME activity. However, ACCME policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict.

If you have disclosed a relevant financial relationship pertaining to your involvement of the CME activity and believe that this relationship will not constitute a conflict of interest, please check one of the following reasons. If none of these reasons are applicable, the does not mean that you will be unable to participate in the CME activity.

Activity Title: Antimicrobe.org

Date of Activity: 6/10/09

- The financial relationship does not relate to my educational assignment/presentation
- I will be using best available published evidence to support my presentation. Please list evidence/studies cited (attach additional page if needed): _____
- I am changing my relationship with the commercial interest. Nature of change: _____
- All scientific data reference or used as justification of patient care recommendations confirms to be generally accepted standards of experimental design, data collection and analysis. Pleas list data references (attach additional page if needed): _____
- Other: _____

Victor L Yu Victor L Yu
Printed Name/Signature

6/10/09
Date

Both a planning committee member and CME Director must review and approve the above resolution.

- I have read and approved the above resolution.
- I have reviewed the content of the presentation and have ensured the absence of bias in its content.
- I am unsure how to resolve this conflict of interest. Please have the director of CME contact the speaker.

Disclosure information including commercial support information and conflict of interest disclosures of all planning committee members and speakers or the lack of conflict of interests will be communicated to the audience by:

- Verbal to Audience
- Registration Table Display
- Brochure/Announcement
- Instructional Materials

Planning Committee Member Signature

Date

I have read and approved the above resolution.
 I have reviewed the content of the presentation and have ensured the absence of bias in its content.
David R. Kittle
CME Director Signature

8/27/09
Date