



IDENTIFICATION AND MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS

If a financial relationship has been disclosed, the Activity Planning Committee will complete this form to determine its relevance and to describe the steps taken to resolve any identified conflicts of interest.

Name: _____

CME Activity: _____

DETERMINE RELEVANT FINANCIAL RELATIONSHIPS

Financial relationships are relevant if the following three conditions are met:

- 1. A financial relationship, in any amount, exists between the person in control of content and an ineligible company.
- 2. The financial relationship existed during the past 24 months.
- 3. The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

Are the disclosed financial relationships relevant?

- NO**, the financial relationships are not relevant to this CME Activity.
- YES**, the disclosed financial relationship is relevant to this CME activity.
- Individual is an owner or employee of an ineligible company and is excluded from participating in this activity.

RESOLUTION OF CONFLICT OF INTEREST

Using the list below, identify the strategy(ies) used to mitigate all relevant financial relationships.

Mitigation Steps: *(choose at least one)*

- Divest** the financial relationship
- Recusal** from controlling aspects of planning and content with which there is a financial relationship
- Recusal** from participating in the activity
- Peer review of:**
 - Planning decisions by persons without relevant financial relationships.
 - Content by persons without relevant financial relationships.
 - Educational content determined to meet standards of scientific integrity and accepted medical practice.
 - Educational content reviewed, and necessary changes made by the presenter. Presenter agreed to avoid any mention of the issues/items identified and attested that clinical recommendations are evidence-based and free of commercial bias. APC Chair/Moderator will monitor presentation and intervene where appropriate.
- Other methods** *(please describe):* _____

Decision recommended by: _____ Date: _____

APC Chair

Reviewed and accepted by: _____ Date: _____

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