Winthrop-University Hospital

CME PERSONNEL DISCLOSURE FORM

As a sponsor accredited by the Accreditation Council for Continuing Medical Education, Winthrop must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All planners, faculty or authors participating in a sponsored activity are expected to disclose to the activity audience any financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. (Significant financial interest or other relationship can include such things as grants or research support, employee, consultant, major stock holder, member of speakers bureau, etc.) The intent of this disclosure is not to prevent participation by those with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

TITLE OF CME ACTIVITY:
DATE:

NAME:

NATURE OF INVOLVEMENT: ☐ Planner ☐ Presenter ☐ Author ☐ Other

PLEASE COMPLETE BOTH SECTIONS I. AND II.

I. a. Will this presentation include discussion of any commercial products or services?

☐ Yes ☐ No (If No, skip to question II.)

b. If yes, do you have any financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services presented?

☐ Yes ☐ No

If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

yuhjg

II. This activity is supported by a grant from *.

Do you have any relationship(s) with the commercial supporter(s) of this activity? (If no, skip to question III)

☐ Yes ☐ No

If yes, please describe the nature of the relationship(s).

yuhjg

III. Do you have a financial relationship or interest with any other manufacturer/distributor of medical products?

☐ Yes ☐ No

If yes, please describe the nature of the relationship(s).

yuhjg

Signature

yuhjg
Date

A completed form must be received by Winthrop University Hospital six weeks before activity date. Failure to return form or refusal to complete this form will result in removal from activity.

*Educational grant information must be completed by sponsoring department or division at WUH, prior to mailing form to speaker.