



Westchester Medical Center Health Network

### DISCLOSURE STATEMENT/ POLICY

Name of Program: \_\_\_\_\_

Name of Speaker: \_\_\_\_\_

Date of Program: \_\_\_\_\_

MEDICAL SOCIETY OF THE STATE OF NEW YORK STATES IT IS MANDATORY THAT AN ANNOUNCEMENT BE MADE BY THE LECTURER OR DEPARTMENT CHIEF PRIOR TO THE PRESENTATION THAT THERE IS NO CONFLICT OF INTEREST OR ANY RELEVANT FINANCIAL RELATIONSHIP

#### Disclosure Statement

Policies and standards of the Medical Society of the State of New York and the Accreditation Council for Continuing Medical Education require that speakers and planners for continuing medical education activities disclose any relevant financial relationships they may have with commercial interest whose products, devices or services may be discussed in the content of a CME activity

The faculty participants do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials. Any discussion of investigational or unlabeled uses of a product will be identified-Check Box \_\_\_\_\_

The faculty has indicated a relationship with \_\_\_\_\_. Any discussion of investigational or unlabeled uses of a product will be identified-Check Box \_\_\_\_\_

Program Content: I have developed my own content for this activity and I have not used "Scripts" from pharmaceutical and/or device manufacturers Yes \_\_\_\_\_ NO \_\_\_\_\_

Objectivity and Balance: My data is based on scientific evidence and will be presented to include favorable and unfavorable information (when available). I agree to present a balanced discussion of prevailing information on any productivity and/or alternative treatments in this session. Yes \_\_\_\_\_ NO \_\_\_\_\_

-Should several products be approved for treatment use, balanced discussions of all available products will be included Yes \_\_\_\_\_ NO \_\_\_\_\_

Educational Materials: Handouts and slides will use generic product names and/or all available products for treatment unless there is only one particular drug approved for use. Yes \_\_\_\_\_ NO \_\_\_\_\_

Hand-outs and slides will not include any advertising, trade name, or product group message Yes \_\_\_\_\_ NO \_\_\_\_\_

Off-Label/Investigational Use: I will inform the audience when I discuss off-label or unapproved uses or drugs. Devices or drugs that are still undergoing clinical trials will be identified as such and will not be portrayed as standard, accepted therapy Yes \_\_\_\_\_ NO \_\_\_\_\_

HIPAA: My presentation in this CME activity will not disclose the names or other unique identifiers of patients referenced in syllabus material and/or audio/visual aids without expressed permission from the identified patient or his/her guardian/agent Yes \_\_\_\_\_ NO \_\_\_\_\_

If your presentation includes copyright information you will obtain permission from the copyright holder Yes \_\_\_\_\_ NO \_\_\_\_\_

I have read the Policy Statement and requirements of GSH Office of CME and agree to comply with the conditions set forth. Please sign, date and return to the Medical Staff Services Office prior to the presentation either e-mail [Sandra\\_vasti@bshsi.org](mailto:Sandra_vasti@bshsi.org) or fax #845-368-5938

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* I HAVE REVIEWED DISCLOSURE POLICY FOR PRESENTER AND DO ENSURE THAT NO DIRECT PAYMENT HAS BEEN GIVEN FOR THIS ACTIVITY:

DEPARTMENT CHAIRMAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 01/2015



Westchester Medical Center Health Network

**Good Samaritan Regional Medical Center  
Continuing Medical Education Policy  
Disclosure of Relevant Financial Relationships/Resolution of Conflict of Interest**

**PURPOSES**

- 1) To ensure quality, objective, unbiased, fair, balanced and scientifically rigorous CME activities/presentations through relevant and appropriate financial and/or "other" relationships with course directors, planners, moderators, and invited participants and contributors, etc.
- 2) To determine the appropriateness of all relevant financial relationships with any commercial interest; whether these relationships create a conflict of interest with content control; to resolve all conflicts before the activity or presentation.
- 3) To ensure appropriate and complete disclosure for all activity participants regarding any course director, planner, moderator, or invited contributor or participant involvement with commercial parties which might impact or influence presented information.
- 4) To ensure compliance with accreditation requirements of the Accreditation Council for Continuing Medical Education (ACCME) and The Medical Society of the State of New York (MSSNY).

**POLICIES**

Circumstances can create a conflict of interest when an individual has an opportunity to affect CME content or information about products and services of a **commercial interest** with which s/he has a financial relationship. All individuals in any position or relationship which has the potential to control the content of a CME activity or presentation **are required** to disclose to the CME Committee and learners/enrolled participants any relevant financial relationships in any amount related to content, commercial support, or products to be discussed or mentioned. Any relevant **financial relationship** with a commercial interest or a provider of products or services to be discussed in the activity/presentation **must be disclosed**.

A **commercial interest** is defined as any proprietary entity producing health care goods, services or products, with the exception of non-profit or government organizations and non-health care related companies. (Providers of clinical services directly to patients are not considered to be commercial interests).

A relevant **financial relationship** is defined as any relationship in which the individual and/or individual's spouse or partner benefits in any way or amount by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (i.e. stocks, stock options, etc.) or other financial benefit.

**(NOTE: Only payments authorized by the CME Committee shall be paid to anyone involved with the supported activity.)**

All **identified** conflicts of interest **must be resolved** in order for individuals to continue involvement in the CME activity/presentation.

The following process might be used to resolve **identified** conflicts of interest **prior to** the CME activity/presentation:

- A peer review process can be used to review all content.
- Content compromised by a conflict of interest will be altered to eliminate the conflict.
- The individual will be requested to eliminate his/her relationship with the commercial interest and to give proof.
- The individual might be replaced as presenter, coordinator, etc.

This resolution process and outcomes will be documented in the files for the CME activity.

**All forms** submitted by the CME Committee to the individual(s) involved in the CME activity **prior to** the presentation **must be accurately completed** in their entirety and must be signed (name, title/position) and dated.

**Individuals failing to disclose relevant financial or "other" relationships and/or refusing to comply with the *Disclosure of Financial Relationships/Resolution of Conflict of Interest* policy in any way will be disqualified from any participation in the CME activity/presentation and cannot have control of or responsibility for the development, management, presentation or evaluation of the CME activity. In addition CME credit for the activity can be denied.**

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