

SUNY Upstate Medical University
Office of Continuing Medical Education
Disclosure Statement for CME Faculty/Planners

SUNY Upstate Medical University must ensure balance, independence, objectivity and scientific rigor in all of its CME Category I sponsored educational activities. We have implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interests. If it should be determined that a conflict of interest exists as a result of the disclosure, the conflict will need to be managed prior to the activity. If you refuse to disclose financial relationships, you will **not** be able to be a part of the planning and implementation of this activity.

Name: _____

CME Activity: _____

Date of Activity: _____

First, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. We consider the relevant financial relationships of your spouse or partner to be yours.

Second, describe what you or your spouse/partner received (ex: salary, honorarium etc). Do not enter how much you received.

Third, describe your role

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>

I do not have any relevant financial relationships with any commercial interests.

Example terminology

<p>What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.</p>	<p>Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).</p>
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A copy of the presentation(s) must be returned with this disclosure form if there is a relevant financial relationship

I attest that the information above is accurate and confirm that I am not receiving direct payment from a commercial entity for honorarium, travel or other expenses. I also agree to abide by all CME policies of SUNY Upstate Medical University. I agree that all elements of the educational activity for which I am responsible will be balanced, based upon the best available scientific evidence, and free of commercial influence.

Signature: _____

Date: _____