



PRE-PLANNING CME-CE Disclosure Form: This form must be completed by all Planners, Course Directors, Managers, and Independent Reviewers of Content, PRIOR TO the commencement of any activity planning, or accreditation decision. Submission of disclosures is a pre-requisite to amy decision by NYU-LISOM CME to recognize activities for CME credit. Submission of Disclosures does not obligate or guarantee that an activity will be recognized for CME credit.

	Name	E-mail	
	Mobile Phone	NYU Employee	YN
	Job Title:		
	Activity Name:	Today's Date: _	
	Please indicate your role in this CME-CE activity:		
	Speaker PlannerActivity Director	r Independen	t Reviewer (ICR)
	A. DISCLOSURES Have you (or your spouse/partner) had a relevant financial relationship with, and/or received or anticipate any form of remuneration from, in the last 12 months with any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients? Yes No If "YES", please list your disclosures:		
Check	Type of Financial Relationship	Indicate Applicable He	ealthcare Manufacturers or
Relevant	(within the past 12 months)	Commercial Entities	
Boxes	Include spousal/life partner relationships		
	Salary, Royalty, or Honoraria		
	Receipt of Intellectual Property Rights / Patent Holder		
	Consulting Fees (e.g., advisory boards)		
	Speakers' Bureaus		
	Supported/Contracted Research		
	Ownership Interest (stocks, stock options, or other ownership interest excluding diversified mutual funds)		
Required by WUH Policy	Indicate the dollar amount of remuneration from the above relationships for the past 12 months.	\$	
	B. ATTESTATIONS/DECLARATIONS: Initial below to acknowledge/ agree to ALL items		
	As a planner, I will ensure that any speakers or content I suggest is independent of commercial bias. As a planner, I will recuse myself from planning activity content in which I have a conflict of interest. In my role as a planner or speaker at a Winthrop-accredited CME-CE activity, I agree to plan/ present only valid, balanced, independent, objective, and scientifically-based educational content that is free of commercial bias and influence. I agree to comply with all ACCME Standards of Commercial Support and all Federal requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I agree to resolve any relevant conflicts of interest that the CME Office identifies via this disclosure prior to the activity, and to comply with ACCME, ANCC and Winthrop CME-CE compliance policies.		
	As a speaker, I agree to disclose to learners any discussion of unapproved products or devices, or off-label use of FDA approved products or devices.		
	Signature		Date

Please return completed form to: Peter Sandre, Office of CME, 222 Station Plaza North, Suite 510 or via scan and email to peter.sandre@nyulangone.org





To be completed prior to/ at kick-off planning meeting of CME/CE activity.

Step 1: ALL PLANNERS MUST DISCLOSE PRIOR TO START of the Activity Planning KICKOFF MEETING, including completing a new disclosure form or bringing a previously completed (but still in-force disclosure form) for group review. This form is used in conjunction with Disclosure Form and COI Resolution/Peer Review Form. Date of Kick-off: ____/___ Activity Name: _______ Activity Start Date: ____/___ **Step 2:** Complete the Summary table of disclosed firms and conflicted planners, with data collated from Disclosure Forms of Planners: Commercial What products are produced by this List all Planner(s) with this List all mechanisms that will resolve conflict firm relevant to this Dx state/entity? relationship (use numbered codes below) **Interest Firm** Codes: Conflict-Resolving mechanisms for *Planners*: Planner who completed this Analysis and attests 1. Eliminate planner entirely from participating in the CME-CE activity planning. to conflicts being satisfactorily resolved. 2. Planner will recuse self from input on relevant areas listed in the table above 3. Planner will recommend an alternative planner for this topic for the planning committee's consideration. 4. Planner will divest self from this financial relationship prior to the Activity (Audience's) Start Signature:_____ Date 5. Relationship(s) disclosed were **determined not to be relevant** to the CME-CE presentation.