NYU Winthrop Hospital

NYU | LONG ISLAND SCHOOL OF MEDICINE

ACCME Required 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 _____**Mobile Phone**_____

E-mail _____ **Title of Presentation:**_____

Affiliation/Title/Institution(attach a CV please):_____

Activity Title:_____ **Activity Start Date:** _____

Please indicate your role in this CME-CE activity:

☐ Speaker ☐ Planner/Activity Director ☐ Independent 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, re-selling, or distributing health care goods or services consumed by, or used on, patients**?
Yes ☐ **No** ☐ **If "YES", please list your disclosures:**

Check Relevant Boxes	***Type of Financial Relationship (within the past 12 months) Include spousal/life partner relationships***	***Indicate Applicable Healthcare Manufacturers or Commercial Entities by Name***
☐	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