

**About Financial Disclosure**

The University of California, Davis, Health, must ensure balance, independence, objectivity, and scientific rigor in all activities it sponsors, and provide content that is evidence-based and free of commercial bias as required by the ACCME Standards for Commercial Support. Activities must promote improvements in health care and not commercial interests. Anyone engaged in content development, planning, or presentation of the activity must complete this financial disclosure form. Complete disclosure must also be provided to learners prior to the activity.  
**People who fail to complete this form may not participate in this activity.**

<input type="checkbox"/> In Person	<input type="checkbox"/> Online: Live-Streamed (e.g., webinar)	<input type="checkbox"/> Online: On-Demand (e.g., enduring material)	<input type="checkbox"/> Hybrid	<b>Date(s):</b>
<b>Course Title:</b>				
<b>Name:</b>				
<b>Role in CME Course:</b>	<input type="checkbox"/> Speaker	<input type="checkbox"/> Author	<input type="checkbox"/> Course Director	<input type="checkbox"/> Planning Committee
<input type="checkbox"/> Other				

**DISCLOSURE**

Conflict exists when you have a relationship with a commercial interest and the opportunity to affect the content of CME as it relates to the products or services of that commercial interest. ACCME defines a commercial interest as any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients.  
**Have you (or your spouse/partner) had a RELEVANT financial relationship in the last 12 months with the manufacturers of the products or services that will be discussed in this activity or in your presentation?**

**NO.** Read declaration and sign below.       **YES.** List relevant relationships, read declaration and sign below.

<b>COMMERCIAL INTEREST</b> Any proprietary entity producing health care goods or services related to this activity. (Exceptions: non-profit or government organizations, such as NIH.)	<b>NATURE OF RELEVANT FINANCIAL RELATIONSHIPS</b> Salary, royalty, intellectual property rights/patent holder, consulting fees (e.g., advisory board), honoraria (e.g., speakers bureau), contracted research, ownership interest (e.g., stock, stock options or other ownership excluding diversified mutual funds), or other financial gain from a commercial interest.
1.	
2.	
3.	
4.	
5.	

**DECLARATION**

- I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor when it comes to my role in the planning, development or presentation of this CME course.
- I will present the source and type, or level of evidence needed if I make recommendations involving clinical medicine.
- I agree to comply with requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- I will provide verbal disclosure of relevant financial relationships or that no financial relationships exist.
- I will inform learners when I discuss or reference unapproved, unlabeled uses of therapeutic agents or products.
- I will submit my presentation or materials for peer review if necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have questions about the UC Davis Health CME Disclosure Policy, please call OCME at 916-734-5352.

**FOR USE BY OCME ONLY**

No Relationships Disclosed       Approved by OCME Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationships Disclosed       Date Sent for Resolution: \_\_\_\_\_ Resolution Completed On: \_\_\_\_\_ (Attach COI)

**Verbal Disclosure Attestation by OCME Representative**

I attest that verbal disclosure was provided to the learners prior to the presentation. (Verification must be completed within 1 month of the course.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_