

NASSAU UNIVERSITY MEDICAL CENTER (Appendix VI)
(or sponsoring organization)
CONTINUING MEDICAL EDUCATION PROGRAM

Verification of Disclosure Statement*

COMPLETE THIS FORM FOR EACH SESSION AND RETURN IT TO: CME COORDINATOR, WITH OTHER ITEMS LISTED IN THE CME CHECKLIST. **YOU MAY SELECT BELOW OPTION #1 OR #2 OR BOTH.**

Presenter's Name: _____

Title of Presentation: _____

Session Date: _____

1. I verify that **written disclosure** of the relationship(s)/no relationship(s) with an ineligible company or with such entity whose products or services relate to the content of the educational presentation was made to the audience (e.g., slides, handouts/syllabus materials, program flyer/brochure/announcement). Attach sample including disclosure.
2. I verify that **disclosure was made verbally** to the audience that (check all that apply):
 - a. The presenter CME provider has no significant relationship(s) in the past 24 months to disclose with an ineligible company, or relationship(s) with such entity whose products or services relate to the content of the educational presentation.
 - b. The presenter CME provider has a significant relationship(s) in the past 24 months to disclose with an ineligible company, or relationship(s) with such entity whose products or services relate to the content of the educational presentation.

Name of the ineligible company /entity for which there is a relationship or affiliation

With presenter: _____

And/or with CME provider: _____

Type of Relationship

With presenter: _____

And/or with CME provider: _____

- b2. Fill in reverse side to indicate the mechanism that was used to resolve the above conflict.

Verified by: _____
Signature Print Name

* Please note that any individual that refuses to disclose relevant relationships must be disqualified from participating as CME faculty according to the ACCME Standards for Integrity and Independence in Accredited Continuing Education

Mechanism for Managing Conflict (Cont. Appendix VI)

3. I verify that a mechanism to resolve all conflicts of interest prior to the educational activity was implemented. (Also check all mechanisms below that apply).

- A. The presenter limited the presentation to pathophysiology, diagnosis, research findings or other aspects that did not involve discussion or recommendations for the use of products or services for which they have a conflict.
- B. The presenter agreed to support his/her presentation with the “best available evidence” from the medical literature and to comply with the ACCME definition of valid content. *
- C. The presenter submitted his/her presentation in advance to permit peer review.
- D. The CME provider and/or planner recused him/herself from planning activity content for which he/she had a conflict of interest.
- E. The presenter and/or CME provider divested him/herself of their financial relationship.
- F. Another mechanism to resolve conflict was used as described below:

4. A question on the evaluation form asked the participants if the presentation was biased.

Verified by: _____
Signature Print Name

- **ACCME Definition of Valid Content:**
(a) All recommendations involving clinical medicine in a CME activity (are) based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. (b) All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation (will conform) to the generally accepted standards of experimental design, data collection and analysis. (c) Will not promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.