

**Vanderbilt School of Medicine
DIVISION OF CONTINUING MEDICAL EDUCATION**

Managing Conflicts of Interest in CME Activities Certified for AMA PRA Category 1 Credit

Title of CME Activity 30th Annual Sisson International Workshop

Date of CME Activity February 10-15, 2008

Name _____

Institutional Affiliation _____

Role in CME Activity

Course Director

Planning

Speaker Presentation: _____

Author Title: _____

Panelist _____

As a CME provider accredited by the ACCME, Vanderbilt only certifies CME activities for AMA PRA Category 1 credit in which the content is based on the educational needs of physicians, rigorous scientific evidence from research or the clinical experience of experts, and was developed independently of commercial influences. ACCME guidelines require that anyone who is in a position to develop or contribute to the development of the content must disclose to the participants in a CME activity any relevant financial relationships with any proprietary entity that produces health care goods or services. If financial relationships are present, ACCME guidelines require that an individual who has the financial relationships demonstrate that the information used in the role(s) identified above is based on the educational needs of physicians, rigorous scientific evidence from research or the clinical experience of experts, and was developed independently of commercial influences. **ACCME guidelines stipulate that anyone who does not provide the information requested on this form before his or her role in a CME activity begins, must not be permitted to participate.**

Please respond to the following items below and sign your name in the signature block.

_____ I have NO financial relationships to disclose.

OR

_____ I have a financial interest/arrangement or affiliation with the company(ies) listed below: *(Use additional sheet if needed.)*

Company	Consultant	Research Grant	Speaker Fee	Shareholder
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ The information that I am using in my role in this CME activity is based on the educational needs of physicians, rigorous scientific evidence from research or my clinical experience, and was developed independently of commercial influences.

_____ I will inform the participants in this CME activity if I use any information from sources supported by any of my financial interests and will demonstrate that the information was obtained through generally accepted scientific methods.

AND

_____ I will inform the participants in this CME activity when I discuss or reference an unapproved, unlabelled, or investigational use of a therapeutic agent or biomedical device.

AND

Signature

Date

Vanderbilt CME Review

- _____ No conflict of interest exists
- _____ Apparent conflict of interest, refer for resolution
- _____ Conflict of interest resolved
- _____ Conflict of interest: cannot participate

Comments:

Director, Division of CME

Date

PLEASE FAX COMPLETED FORM TO 801-306-4338