Continuing Education Disclosure Form

Name of Individual: ____________________________

Title of Activity: ____________________________

Type of Activity: □ Annual Course □ RSS □ Enduring Material

Date and Location: ____________________________

Individual's Prospective Role(s) in Education (choose all that apply):

☐ Course Director
☐ Planning Committee Member
☐ Speaker, Teacher, Faculty
☐ Moderator
☐ Peer Reviewer
☐ Other: ____________________________

Please disclose all financial relationships that you have had in the **past 24 months with ineligible companies** (see definitions below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. **You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.** For specific examples of ineligible companies visit [www.accme.org/standards](http://www.accme.org/standards).

<table>
<thead>
<tr>
<th>NAME OF INELIGIBLE COMPANY</th>
<th>NATURE OF FINANCIAL RELATIONSHIP</th>
<th>HAS THE RELATIONSHIP ENDED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</td>
<td>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor, research funding, royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed.</td>
<td>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column.</td>
</tr>
</tbody>
</table>

☐ In the past 24 months, I have not had any financial relationships with any ineligible companies.

☐ I attest that the above information is correct as of this date of submission.

Signature: ____________________________ Date: ____________________________

Note: The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence. If you have questions, please contact us at [med.edu@scrippshealth.org](mailto:med.edu@scrippshealth.org).

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