

Continuing Education Disclosure Form

Name of Individual:	
Title of Activity:	
Type of Activity:	<input type="checkbox"/> Annual Course <input type="checkbox"/> RSS <input type="checkbox"/> Enduring Material
Date and Location:	
Individual's Prospective Role(s) in Education (choose all that apply):	
<input type="checkbox"/> Course Director	<input type="checkbox"/> Moderator
<input type="checkbox"/> Planning Committee Member	<input type="checkbox"/> Peer Reviewer
<input type="checkbox"/> Speaker, Teacher, Faculty	<input type="checkbox"/> 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.

NAME OF INELIGIBLE COMPANY	NATURE OF FINANCIAL RELATIONSHIP	HAS THE RELATIONSHIP ENDED?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	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.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column.
		<input type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>

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.

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