



NEW JERSEY PODIATRIC MEDICAL SOCIETY

Faculty Disclosure Agreement Form

*CPME Standard 5; Requirements 5.2, 5.3, 5.4
CPME Standard 8; Requirements 8.2*

(Name of Provider) ensures balance, independence, objectivity, and scientific rigor in all individually provided or jointly provided educational programs. This document must be completed by all individuals who have influence over the content of the educational activity (i.e., instructors, course director(s), planning committee, faculty, etc.). Any individual who refuses to disclose relevant financial relationships will be disqualified from influencing continuing education (CE) content and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. The intent of the disclosure is not to prevent an individual with a significant financial or other relationship from being involved in the CE activity, but rather to provide the audience with information on which they can make their own judgements. Persons who fail to sign and return this form prior to the activity are not eligible to be involved as an instructor/planner.

CE Activity _____ **Activity Date(s)** _____

Print Name _____ **Email Address** _____

Please indicate your role in this CME activity (check all that apply):

Instructor/Presenter Moderator Author Activity Director Planning/Approval Committee Members

Instructors/Presenters/Authors

How do you plan to balance any potential conflicts of interest and keep your presentation free of commercial basis? (please check all that apply)

I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I will discuss the pros and cons of competing products in my presentation.

I will submit my talk in advance to allow for adequate peer review.

Planners/Approval Committee/Activity Director/Moderators

I will ensure that any speakers or content I suggest is independent of commercial bias.

I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships

Relevant financial relationships include those in which an individual (including the individual's spouse/partner) in the last 12 months has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services.

NO, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

YES, within the past 12 months, I have had either a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation or activity. (Provide information below)

Nature of Financial Relationship	Name of Company(s) and Relationship	Self	Spouse/ Partner
Consultant			
Speaker's bureau			
Grant/research support (principal investigator or working directly for company/company's agent)			
Stock shareholder (self-managed)			
Honorarium			
Full-time/part-time employee			
Other			

Faculty Disclosure Agreement Form - continued

If at any time during my presentation I intend to discuss an off-label use of a commercial product/device, I understand that I must disclose of that intent. CPME Standard 5; Requirement 5.4

No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Yes, I do intend to discuss off-label use of a commercial product(s)/device(s) and agree to inform learners as such.

Not applicable.

I agree to protect patient confidentiality by removing any identifying information within my presentation and/or materials. CPME Standard 8; Requirement 8.2

Yes, I agree.

Not applicable, my presentation and/or materials does not include any identifying patient information.

Declaration

I will uphold CPME continuing medical education standards and requirements to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this activity. I understand that continuing education approval requirements prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the approved CE provider. I understand additional information may be requested to address any perceived conflict of interest. This may include peer review, limiting the scope of the presentation, recommendations based on structure review of best evidence, suggestion of an alternative instructor or planning committee member, on-site monitor, altering the activity design to ensure fair and balanced treatment or topic and/or dissolving the financial relationship. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Signature _____ Date _____

Review Process and Resolution of Possible Conflicts of Interest (For CE Office Use Only)

CPME Standard 5; Requirement 5.2, 5.3, 5.4 and Standard 8; Requirement 8.2

Risk Assessment: None Low High

Significant factors: Relationships Previous Evaluation Data Topic Area

Referred to:

Amanda Howell, CME Coordinator at ahowell@njosteo.com

Planning Committee Member Alan Warren, DPM- Chair

Other Name: Tajma Kotoric, Executive Director at tkotoric@njpms.com

Proposed action:

Conduct peer review Alternate speaker or planning member identified

Independent review of abstracts Assign on-site monitor

Independent review of presentations Dissolve financial relationship

Limit scope of the presentation Alter course design to ensure fair and balanced

Narrow the materials covered, treatment, or topic

Omit specific recommendations Other:

Final Outcome:

Notes:

Follow-up evaluation data (post-course): Participant feedback (%) response Free of bias Yes % No %

On-site monitor present? Yes No If yes, name: