





## Information about All Financial Relationships from Planners, Faculty, and Others

To be completed by education staff.		Individual's prospective role(s) in education Identify the prospective role(s) that		
Name of Individual:		this person may have in the planning and delivery of this education (choose all that apply)		
Title of Continuing Education:		Planner  Examples: planni content	ing committee, staff involved in choosing topics, faculty, o	r
The of Continuing Education.		Teacher, Instructor, Faculty		
		Author, Writer		
Date and location of Education:		Reviewer		
		Other		
complete the form below and return it to	lify individuals who ref	(Contact name/email) by use to provide this inform	nation from involvement in the planning and implementation	on 
To be Completed by Planner, Faculty, or Others	Who May Control Edu	cational Content		
relationship, enter the name of the ineligible comp	oany and the nature of the amount, with ineligib	ne financial relationship(s)	ompanies (see definition below). For each financial ). There is no minimum financial threshold; we ask that you disclose all financial relationships regardless of the	эu
Enter the Name of Ineligible Company  An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.	Enter the Nature of Financial Relationship Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.		Has the Relationship Ended?  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if a mitigation steps need to be taken.	
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In the past 24 months, I have not had any	financial relationship	os with any ineligible co	ompanies.	
I attest that the above information is corre	ct as of this date of s	submission.		