

Disclosure of Relevant Financial Relationships for Any Individuals in a Position to Control the Content of an Educational Activity

Name of Activity:

The Society of Hospital Medicine (SHM) is accredited by the ACCME to provide CME for physicians. As such, SHM must ensure balance, independence, objectivity and scientific rigor in all of its educational projects. The purpose of this form is to assist us in identifying any conflicts of interest that may adversely impact the integrity of CME. For SHM’s full conflict of interest policy, please see the attached document titled **“SHM Policy for the Identification, Resolution and Disclosure of Conflict of Interest in the Creation of CME.”**

The ACCME considers financial relationships relevant when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CME about the products or services of that ineligible company (defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). For information on ACCME policies and definitions, please visit www.accme.org, Standards for Integrity and Independence in Accredited Continuing Education, Standard 3.

All faculty, authors, committee members, board members, staff and anyone else that influence content creation for SHM educational activities, quality improvement programs and/or resource development are required to disclose to SHM and subsequently to learners any/all relationships with ineligible companies if both (a) the relationship is financial and occurred within the past 24 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that ineligible company. The principal intent of this disclosure is not to prevent an individual with such relationships from participating in the activity, but to allow SHM to assess potential conflict of interest and work with you to resolve that conflict.

Individuals must complete and submit this form in order to serve as faculty, authors, speakers, planning committee members or to in any way influence or create the content for this educational activity. Individuals who refuse to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Section 1: I have read SHM’s disclosure policy and I declare the following:

- I have no relevant financial relationships with ineligible companies.
- I have the following relevant financial relationships with ineligible companies within the last 24 months. (Please indicate the companies with whom you have a relationship and the nature of your role below.)

| TYPE OF RELATIONSHIP | NAME OF Ineligible Company (entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients) | What was RECEIVED? Salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. | CLINICAL/ RESEARCH AREA |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Employment | | | |
| Consulting | | | |
| Advisory Committee/Board | | | |
| Speakers Bureau, Faculty, Peer Reviewer (honoraria or other payment) | | | |

| TYPE OF RELATIONSHIP | NAME OF Ineligible Company (entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients) | What was RECEIVED? Salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. | CLINICAL/ RESEARCH AREA |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Patent Owner | | | |
| Royalties | | | |
| Research Grants/Contracts | | | |
| Stock Options/Holdings | | | |
| Other (please describe) _____ | | | |

Section 2:

I agree that any content I create or influence as part of this SHM educational activity will be free of control of an ineligible company.

Agree Disagree

I will provide the educational content and resources for independent peer review as requested by SHM staff or project leaders.

Agree Disagree

I will not accept advice, services, content or edits from an ineligible company that will influence the content of this educational activity.

Agree Disagree

I will only accept support for my role in this activity from SHM staff, including honoraria, transportation, lodging and any other remuneration.

Agree Disagree

The content that I create or influence for this activity will promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible company

Agree Disagree

My presentations, content and/or participation will provide a balanced view of therapeutic options and I will use generic names where possible. If I use trade names in CME educational material, I will use trade names from several companies, where possible.

Agree Disagree

The information I provide on this form will be made known to the planners and participants of the educational activity.

Agree Disagree

If I discuss or demonstrate pharmaceuticals and/or medical devices that are not approved by the FDA and/or medical or surgical procedures that involve an unapproved or "off-label" use of an approved device or pharmaceutical, I will disclose such references to learners.

Agree Disagree

Section 3:

I hereby accept the invitation to participate as: (Check all that apply.)

Faculty Author Staff Planning Committee Member
 Committee Member (which one? _____) Editorial Group/Board Other _____

I have carefully considered each item and have answered all of these attestations to the best of my knowledge.

Signature _____

Print Name _____ Date _____