

Ada Canyon Medical Education Consortium
CONTINUING MEDICAL EDUCATION POLICY ON FULL DISCLOSURE

The Ada Canyon Medical Education Consortium requires the following disclosures for all CME activities:

Disclosure of Financial Relationships

The existence of any significant financial interest or other relationship a faculty member currently has, or has had within the last year, with the commercial supporter(s) of this educational activity or with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in this educational activity shall be disclosed. The existence of any such financial interests or relationships is not inherently bad or wrong, but shall be disclosed to participants prior to educational activities in brief statements, in conference materials such as brochures, syllabi, exhibits, poster sessions, and in post meeting publications. When written disclosure has not been made as described, the moderator of the activity shall make disclosure after consultation with the faculty member or a representative of the supporter. Written documentation that disclosure information was given to participants shall be entered in the file for this activity.

For example:

If Dr. Doe is speaking on migraine headaches and currently has an affiliation with XYZ company and ABC company:

John Doe, M.D. has disclosed that he participated on a national headache research panel funded by XYZ Pharmaceutical and received honorarium from ABC Pharmaceutical for participating in their speakers' bureau on the subject of headache.

Or, if Dr. Doe has financial interest/arrangement:*

John Doe, M.D., has disclosed that he holds stock in XYZ Pharmaceutical, and has participated for ABC Pharmaceutical as an expert panel member on clinical topic.

**Financial interest/arrangement is defined as being a shareholder, consultant, grant recipient, research participant, employee and/or recipient of other financial support.*

Or, if Dr. Doe has no affiliation:

John Doe, M.D. has indicated that he has no relationships to disclose relating to the subject matter of his presentation.

Or, if Dr. Doe failed to return his form:

John Doe, M.D. has not returned the disclosure form as of this printing.

The intent of this policy is not to prevent faculty with an affiliation or financial interest from participating in this activity. This information shall be identified openly, so participants have full disclosure of the facts and may form their own judgments about the content. The "sunshine" test is the guide for decisions about what to disclose. Any affiliation(s), if made known to the general public, that would cause embarrassment to the individual or institution, or could be perceived as unethical, must be disclosed.

Disclosure of Unlabeled/Investigational Uses of Products

Faculty shall disclose when an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose, is discussed during an educational activity. Faculty shall disclose that the product is not labeled for the use under discussion or that the product is still investigational.

The intent of this policy is not to prohibit or limit the exchange of views in scientific and educational discussions, including discussions of unapproved uses, but to ensure that faculty disclose to participants that such discussion will take place.

It is standard procedure of the Ada Canyon Medical Education Consortium to acknowledge the type of disclosure - i.e., nothing to disclose, affiliation(s) and/or financial interest(s) disclosed, that unapproved or investigational uses of products will be discussed, and failure of faculty to make disclosure by the established deadline. Failure to disclose or false disclosure may require the Ada Canyon Medical Education Consortium to identify a replacement for faculty participation.

Ada Canyon Medical Education Consortium
FULL DISCLOSURE FOR CONTINUING MEDICAL EDUCATION
(Please check if applicable and sign below. Provide additional pages as necessary.)

Conference Title & Date _____
Name (please print): _____
Address: _____
City, State, Zip: _____
Phone No: _____ E-mail: _____

Disclosure of Financial Relationships

- A.** Neither I, nor any member of my immediate family, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational activity.
- B.** I, or an immediate family member, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational activity.
- C.** I am a full-time employee of the commercial enterprise listed below.

Please list commercial enterprise and nature of relationship with each, e.g., research grants, stock or bond holdings, speakers' bureau, employment, ownership or partnership, consulting fees, other remuneration (honoraria, travel expenses):

Corporate Organizations

Financial Interest/Affiliations

Disclosure of Unlabeled/Investigational Uses of Products

- A.** The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- B.** The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated below:

I have read the Ada Canyon Medical Education policy on full disclosure. If I have indicated a significant financial relationship, or if I will discuss unapproved or investigational uses of products or devices, I understand that I am responsible for disclosing this information to participants at the beginning of my presentation/material. I understand that failure to disclose or false disclosure may require the Ada Canyon Medical Education Consortium to identify a replacement for my participation.

Signature of Presenter/Author _____ Date: _____

RETURN BY DATE: _____ TO: ACMEC
305 West Jefferson Street
Boise, ID 83702