

## Continuing Education Disclosure Form

**Purpose:** All educational activities certified for continuing education (CE) credit by the Denver Health Office of Education require identification and resolution of all potential conflicts of interest of all individuals in a position to control the content prior to a CE activity. Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the activity commencement.

Your Name: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Role(s) in Determining Educational Content:  Planner  Author/Presenter  Reviewer:  Other:

### DISCLOSURE

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see ACCME and ANCC 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.

**ACCME Definition of Ineligible Companies:** Any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**ANCC Definition of Commercial Interest Organization:** The organization produces, markets, sells or distributes health care goods or services consumed by or used on patients; it is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or it advocates for use of the products or services of commercial interest organizations.

#### Disclosure of Relevant Financial Relationships:

Regarding my role in the CE activity listed on this form, currently or in the past **24** months (check one):

I have/had NO relevant personal financial relationships. (Go to Signature section.)

I have/had BOTH (1) a personal financial relationship with an ineligible company and (2) will control educational content about ineligible company products. (Complete box below, then Signature section.)

Type of Personal Financial Relationship	Name of Company(ies) Whose Products Will Be Addressed	Relationship Status	
		Ended	Current
Consultant			
Speaker's Bureau			
Grant/Research Support			
Stock Shareholder (self-managed)			
Other (royalty, employee, etc.)			

### SIGNATURE

By signing below, planners and presenters acknowledge that:

1. Presentations, individually or in combination during the activity, *must give a balanced view of the therapeutic options.*
2. Generic names of products contribute to impartiality. *Use of any trade names should be paired with generic names, and the rule applied consistently to other products throughout presentation/materials.*
3. For FDA regulated products, *unapproved uses (i.e., "off-label" uses) must be identified as such.*
4. If information is to be presented that is *not established clinical practice, the information must be identified as such.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<p><b>For Completion by Office of Education (individual designated to resolve conflict of interest)</b>  <i>Must be completed if Relationship Status in Disclosure box is indicated as Current. Must be initiated by following Conflict Resolution Process (DHCE-005).</i></p>					
<p><b>Resolution:</b> To assure independence and balance of content, current conflicts of interest were resolved by the following process (check all that apply):</p>					
<input type="checkbox"/>	Recusing individual from controlling aspects of planning and content with which they have a conflict of interest	<input type="checkbox"/>	PLANNING DECISIONS subjected to peer review by individual with no COI related to the content	<input type="checkbox"/>	Omitting recommendations for specific products
<input type="checkbox"/>	Revising individual role so relationship no longer relevant to activity	<input type="checkbox"/>	CONTENT subjected to peer review by individual with no COI related to the content	<input type="checkbox"/>	Other (describe):
<input type="checkbox"/>	Methods employed to ensure clinical recommendations are evidence-based and free of commercial bias through peer-reviewed literature, evidence-based practice guidelines				
<b>Signature:</b>				<b>Date:</b>	
<b>Printed Name and Title:</b>					