VCMC CME Provider Full Disclosure for All Staff

Please check where applicable and sign below. Provide additional pages as necessary. Date _____

Name of Committee/Department: _____

Topic: _____

Your Name and check box that applies to you below: _____

☐Faculty ☐Planner ☐Reviewer ☐Staff: ☐Committee Member ☐Other _____

Address, City, State, and Zip Code: _____

Phone Number: _____ E-mail: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH A COMMERCIAL INTEREST WITHIN 12 MONTHS OF DATE OF THIS FORM

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

☐ **A.** Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

☐ **B.** I have or my spouse/partner has a financial relationship with a commercial interest. Please check the relationship(s). (Check all that apply):

- ☐ Research Grants
- ☐ Speakers' Bureaus*
- ☐ Ownership
- ☐ Consultant for Fee
- ☐ Stock/Bond Holdings (excluding mutual funds)
- ☐ Employment
- ☐ Partnership
- ☐ Others (please list) _____

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

Organization with Which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

*If you checked "Speakers' Bureaus" in item B, please continue:

- Did you participate in company-provided speaker training related to your proposed topic? ☐ Yes ☐ No
- Did you travel to participate in this training? ☐ Yes ☐ No
- Did the company provide you with slides of the presentation in which you were trained as a speaker? ☐ Yes ☐ No
- Did the company pay the travel/lodging/other expenses? ☐ Yes ☐ No
- Did you receive an honorarium or consulting fee for participating in this training? ☐ Yes ☐ No
- Have you received any other type of compensation from the company? Please specify: ☐ Yes ☐ No

_____

- When serving as faculty for the VCMC, will you use slides provided by a proprietary entity for your presentation/handout materials? ☐ Yes ☐ No
- Will your topic involve information or data obtained from commercial speaker training? ☐ Yes ☐ No

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:

_____

I have read the VCMC policy on full disclosure. If I have indicated a financial relationship with a commercial interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist and that I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the VCMC to seek additional information.

Signature _____ Date: _____

PLEASE RETURN THIS FORM once a year to the CME Department or by fax to 805-677-5116.

REVISED and REVIEWED 8/20/14