

Program Director Disclosure Form for CME Activities

As an accredited provider of continuing medical education for physicians, Texas Heart Institute is committed to ensuring its educational activities are balanced, independent, objective, and evidence-based.

Texas Heart Institute requires that anyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to the Institute. The Institute defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

1. An individual must disclose to the audience any relevant financial relationship(s). Information disclosed will include the a) name of the individual; b) name of the commercial interest; and c) nature of the relationship the individual has with the commercial interest. In general terms, any relationship that may bias one’s presentation or contribution, or which, if known could give the perception of bias, should be disclosed.
2. An individual with no relevant financial relationship(s) must declare such so that the audience can be informed that no relevant financial relationship(s) exist.
3. Any individual who refuses to disclose relevant financial relationships will not be allowed to serve on a planning committee, or as speaker or author of any Texas Heart Institute CME activity.
4. The Texas Heart Institute requires that the content and format of a CME activity or its related materials promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest.
5. All presentations are required to give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

Complete and Return by **DATE** to the following:

Texas Heart Institute

Office of Continuing Medical Education

PO Box 20345, MC 3-276 Houston, Texas 77225-0345

Telephone: 832-355-2157 Fax: 832-355-3089

Program Director Disclosure Form for CME Activities

Name of CME Activity:

Name of Program Director:

Title of Lecture:

Date:

Please complete all questions below and chart if applicable.

1. Do you have any relevant financial relationships with a commercial interest related to the content of the activity?

___ No (skip to question 2) ___ Yes (**complete attached chart; do not substitute another form**)

2. At the present time THI has received grant support, or a pledge of grant support, from the commercial interests listed below. Do you have any relevant financial relationships with any of these commercial interests?

___ No (skip to question 3) ___ Yes (**complete attached chart; do not substitute another form**)

Name of grantors to date: _____

3. Do you plan to discuss any unlabeled or investigational uses of products?

___ No ___ Yes

1. I attest that:

(Please place a check in each box to indicate your understanding of and willingness to comply with each statement below.)

- I have disclosed all relevant financial relationships to THI and will disclose any subsequent relationships (if applicable) to learners verbally and in print.
- I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
- My contributions will not promote the products or services of any commercial interest related to this content.
- All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
- If I discuss any off-label product use, I will disclose it to participants.
- I will not use trade names of health care products or services.

I have read the Texas Heart Institute's policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and 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 Texas Heart Institute to identify replacement program director.

Signature: _____

Date: _____

Name: _____

(Please print)

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Nature of Relevant Relationship																		
Check all that apply. If it is a significant relationship (>\$10,000), please indicate by "S".																		
Role																		
Company	Consulting Fees/ Honoraria		Speakers' Bureau		Research Grants		Stockholder or Equity		Ownership Partnership		Officer or Director		Royalties		Employee or Salary		Other Financial Relationships (please specify)	
Ex. Pfizer, Inc.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	S	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Signature: _____

Date: _____

Name: _____

(Please print)

FOR CME OFFICE USE

- No conflict of interest identified
- Possible conflict of interest identified and sent to Program Director for review.

THI CME Staff Signature: _____ Date: _____

If possible conflict of interest is identified, it will be resolved as follows:

- Select another individual to control that part of the content.
- Change the assignment to reflect other areas of content.
- Limit the content to a report without recommendations.
- Limit the sources for recommendations to those considered as best available evidence.
- Limit the content of the presentation to that which has been reviewed by one or more peer reviewers.
- No conflict of interest identified.
- Other: _____

Comments: _____



TEXAS HEART[®] INSTITUTE

at St. Luke's Episcopal Hospital

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