

Full Disclosure Form

It is the University of Florida's policy to ensure balance, independence, objectivity and scientific rigor in all programs it provides. Everyone in a position to control the content of an educational activity must disclose all financial relationships with ineligible companies. The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education.

Title of CME Activity: _____ **Date(s):** _____

Title of Presentation(s): _____

Name: _____

Role(s) in Activity (Check ALL that apply):

Speaker Director Planner Author Reviewer Other: _____

Please disclose **ALL** financial relationships that you have had in the past **24 months** with ineligible companies, regardless of the amount and potential relevance of each relationship to the education.

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples, please visit <http://accme.org/standards>.

Per ACCME guidelines, UF CME will review and determine which financial relationships are relevant to the content of the educational activity. Relevant financial relationships must be mitigated prior to individuals assuming their roles in the education. If relationships listed below are determined to be relevant to the content of the educational activity, UF CME staff will contact you to discuss mitigation strategies.

In the past 24 months, have you had a financial relationship with an ineligible company?

- NO – Skip to the ATTESTATION section.
 YES – Complete DISCLOSURE and ATTESTATION sections below.

DISCLOSURE

Nature of Financial Relationship	Name of Ineligible Companies
Research Support	
Consultant	
Speakers' Bureau	
Stock Shareholder	
Other (Please explain the relationship.)	

If any of the above relationships have ended, please list here: _____

ATTESTATION

I attest that the above information is correct as of this date of submission.



Signature: _____ Date: _____