LEONARD M. FLECK, PhD

HURLEY MEDICAL CENTER
INSTITUTE FOR CONTINUING MEDICAL EDUCATION
CONFLICT OF INTEREST DECLARATION/FACULTY DISCLOSURE FORM

CME INTERNET ENDURING MATERIAL Activity & Date(s):

Name:

Affiliation to CME Activity (check as many that apply):

X Speaker

Moderator

Planning Committee Member

Medical Staff Education Committee

Hurley Medical Center’s Institute for Continuing Medical Education endorses the Accreditation Council for Continuing Medical Education (ACME) Standards for Commercial Support (SCS). Faculty speaker(s), moderator(s), planning committee members, and Hurley Medical Center’s Medical Staff Education Committee are required to disclose any, or no, relevant financial relationships or affiliations with a commercial interest.

A relevant financial relationship includes receiving (from a commercial interest) research grants, consultancies, honoraria and travel, or other benefits or having self-managed equity in a company, in any amount, occurring within the past 12 months that create a conflict of interest. (ACCME SCS2.1) The ACCME considers relationships of the person involved in the CME activity to include relevant financial relationships of a spouse or partner. (ACCME SCS2)

ACCME defines a commercial interest as: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. (ACCME Accreditation Requirements and Descriptions, Updated June 2014, pg. 15.) A provider must disclose the above information to learners prior to the beginning of the educational activity. (ACCME SCS6.5) Individuals who refuse to disclose are disqualified from being a planning committee member, teacher, or author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of a CME activity. (ACCME SCS2.2)

- ACCME's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

In regard to this requirement:

□ I do not have a relevant financial relationship with a commercial interest. (If presenting, I will include a disclosure slide immediately following my title slide informing the learners that no relevant financial relationship exists.)

□ I have a relevant financial relationship with the following commercial interest(s), whose product(s) and/or service(s) I will not refer to in my presentation(s). I will provide my presentation at least TWO WEEKS prior to the activity date to resolve any conflict and include a disclosure slide immediately following my title slide.

□ I have a relevant financial relationship with the following commercial interest(s), whose product(s) and/or service(s) I will refer to in my presentation(s). I will provide my presentation at least TWO WEEKS prior to the activity date to resolve any conflict and include a disclosure slide immediately following my title slide.

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<tr>
<th>Type of Relevant Financial Relationship</th>
<th>Name of Commercial Interest(s)</th>
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<td>Consultant</td>
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<td>Other: (must specify)</td>
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Signature: ___________________________ Date: Oct 8, 2019
Revised: July 2015
**HURLEY MEDICAL CENTER**
**STANDARD PRACTICE**

**RECORDING OF EDUCATIONAL LECTURES/PRESENTATIONS**

**APPENDIX A**
**Recording/Photo Release Form**

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I warrant that my presentation and any related materials that I have provided are original to me. I have obtained all necessary permissions or licenses from any individuals or organizations whose materials is included or used in my presentation.

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**PRESENTATION INFORMATION**

**AUTHOR NAME PRINTED:** Leonard M. Fleck, PhD

**EVENT/PRESENTATION TITLE:** Ethical Principles - re-release, CME on Demand

**PRESENTATION DATE OR RANGE OF DATES:** 2019 - 2022

**SIGNATURE:** Leonard M. Fleck

**DATE:** Oct 5, 2019

Received by: __________________________ Department: __________________________

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Melany Gavlic, President and CEO