

As an accredited continuing education provider, Rutgers Biomedical and Health Sciences must ensure balance, independence, objectivity, and scientific rigor in all its certified educational activities. As such, Rutgers requires **all individuals in a position to control the content of an educational activity** to provide a signed disclosure form prior to the planning of the activity. In order to ensure its CE activities promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest, Rutgers will identify and resolve all conflicts of interest prior to the planning of the activity. **Based on this disclosure information, CCOE may disqualify any individual from planning and implementation if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.**

Individuals are required to disclose all **relevant financial relationships** with **commercial interests** (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CE activity, and which relate to the content of the educational activity, causing a *conflict of interest*. Financial relationships create conflicts of interest in CE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CE about the products or services of that commercial interest.

In accordance with the Standards for Commercial Support set forth by the Accreditation Council for Continuing Medical Education, the undersigned understands and accepts the policies and standards as set forth in this document.

**All disclosure declarations must be communicated to the learner by means of a notation in the program or syllabus, or verbally by the activity director or moderator prior to the beginning of the activity. Individuals who do not provide the requested disclosure information will be disqualified from participating in the development and delivery of a CE activity.**

### Activity Title

### Name

***Please answer all the questions on both pages and sign on page 2.***

1. Do you or any member of your immediate family have any relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?  
 Yes  No
  - a) **If Yes**, please list (attach separate page if necessary) the commercial entities with the type of relationship listed below.  
Grant/Research Support  
Consultant  
Speakers Bureau  
Patent Holder  
Member, Scientific Advisory Board  
Member, Board of Directors  
Stock Shareholder  
(directly purchased)  
Other Financial Support (specify)  
Other Relationship/Affiliation (specify)
  - b) **If Yes**, will the recommendations of content you provide include discussion of specific products/services of the commercial entities you listed above?  
 Yes  No

c) **If Yes**, list the specific product(s)/service(s) of the commercial entity(ies) and the medical indication(s) associated with the relationship(s)?

2. During the development of this activity, I attest to the following:

- a) The content and/or the presentation of information at this activity will promote improvement and quality in healthcare, and will not promote a specific proprietary business interest of a commercial organization.  
 Yes    No
- b) Recommendations involving clinical medicine presented in this activity will be based on evidence that is accepted within the profession of medicine that adequately justifies the indications and contraindications in the care of patients.  
 Yes    No
- c) Scientific research referred to, reported or used in this activity supports or justifies patient care recommendations and conforms to generally accepted standards of experimental design, data collection and analysis.  
 Yes    No
- d) Research findings and therapeutic recommendations presented in this activity will be based on scientifically accurate, up-to-date information and presented in a balanced, objective manner.  
 Yes    No
- e) Suggest speakers/content that will be independent of commercial bias.  
 Yes    No
- f) Provide assistance in identifying, managing, and resolving any speakers' conflicts of interest when required.  
 Yes    No
- g) Recuse myself from planning/reviewing activity content in which I have a conflict of interest.  
 Yes    No

**I certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the development and implementation of this educational activity.**

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**Signature**

**Date**