

Disclosure of Commercial Interests and HIPAA Compliance

The WVU School of Medicine is an accredited provider by the Accreditation Council for Continuing Medical Education (ACCME). The WVU School of Nursing is an approved provider of the State of WV Board of Examiners for Registered Professional Nurses. The WV School of Dentistry is an ADA CERP Recognized Provider. ACCME Standards for Integrity and Independence in Accredited Continuing Education require that everyone in a position to control content of an educational activity must disclose all financial relationships with any **Commercial Interest**. **A Commercial Interest (ineligible company) is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.** [Click here for examples of ineligible companies.](#) If a potential conflict of interest exists as a result of a financial relationship, it will need to be resolved prior to the activity.

This information is necessary to continue planning this CE activity. Refusal to disclose financial relationships will disqualify you from participating in this CE activity.

CE Program Title: _____

Is this for:

- ☐ A Regularly Scheduled Series (ex. Grand Rounds, Weekly, Monthly)
- ☐ A conference
- ☐ A web course

Name (REQUIRED): _____
First Name, Middle Initial, Last Name

Profession: _____
MD, DO, RN, etc.

Select your WVU/WVU Medicine affiliation (REQUIRED):

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> WVU Resident | <input type="checkbox"/> WVU Alumni |
| <input type="checkbox"/> WVU Faculty (Full Time) | <input type="checkbox"/> WVU Fellow | |
| <input type="checkbox"/> WVU Faculty (Part Time) | <input type="checkbox"/> WVU Staff | |

Are you an employee or owner of an ACCME-defined ineligible company (commercial interest)? (REQUIRED) An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients with the exemption of non-profit or government organizations and non-health care related companies.

- ☐ Yes
- ☐ No (*skip to Your Role section*)

If yes, who is the Commercial Interest (REQUIRED)?

The use of employees or owners of ACCME-defined commercial interests as faculty and planners or in other roles where they are in a position to control the content of accredited CME is prohibited, except in the specific situations specified here.

Please choose the exception below that applies to you and your situation.

- ☐ The content of this CE activity is not related to the business lines or products of your employer.
- ☐ The content of the accredited CE activity is limited to basic science research (e.g., pre-clinical research, drug discovery) or the processes/methodologies of research, themselves unrelated to a specific disease or compound / drug. The content is not related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of your employer.
- ☐ You are participating as technician to teach the safe and proper use of medical devices and will not include clinical recommendations concerning the business lines or products of your employer.
- ☐ None of these exceptions apply to my situation. Please explain: _____

Your Role: Please indicate your role(s) in the planning and implementation of this CME program (REQUIRED):

- | | |
|--|---|
| <input type="checkbox"/> Speaker / Presenter | <input type="checkbox"/> Content Reviewer |
| <input type="checkbox"/> Planning Committee Member | <input type="checkbox"/> CE Office Staff Member |
| <input type="checkbox"/> Activity Director | <input type="checkbox"/> Joint Sponsor Representative |
| <input type="checkbox"/> Activity Coordinator | |

Continued...

Attestations (ALL REQUIRED):

- ☐ I will not accept payment for this activity from any outside commercial source, other than payments directly from the WVU Office of Continuing Education, its designated educational partner (non-commercial), or my employer.
- ☐ I will plan / present a program that is relevant to the participants' practices, commercially unbiased, objective, educationally balanced, and scientifically sound, and I will not advocate for unscientific approaches to diagnosis or therapy, or promote recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- ☐ I am in compliance with the HIPAA standards to protect the privacy of the patients, if any, discussed in my presentation(s). I have either received written authorization from the patient, removed any identifiable images or patient records from my presentation, or my presentation does not pertain to patient treatment.
- ☐ I will provide references from scientific literature for all clinical recommendations included in my presentation and I agree that new and evolving topics shall be clearly identified as such within my presentation.
- ☐ The images presented in my presentation (if any) have not been falsified nor do they misrepresent the outcome of treatment.
- ☐ All scientific research referred to, reported, or used in this presentation in support or justification of a patient care recommendation conforms to generally accepted standards of experimental design, data collection, analysis, and interpretation.

Disclosure of Commercial Relationships

Determine if you or your spouse / partner have, or have had, a financial relationship **within the past 24 months** with any ineligible companies (commercial interests), as defined above. For this purpose, the financial relationships of your spouse or partner that you are aware of are considered to be yours. Complete **one** of the sections below:

SECTION 1 - No Commercial Relationships to Disclose:

If you determine that you or your spouse **DO NOT** have any financial relationships as described above, please check the box, sign and date below and submit this form.

- ☐ Neither I, nor my spouse/partner, have financial relationships with any Commercial Interests.

Signature (**REQUIRED**) _____

Date (**REQUIRED**) _____

SECTION 2 - Commercial Relationships to Disclose:

If you determine that you or your spouse **DO** have any financial relationships as described above, please check the box, answer the questions, sign and date below and submit this form (**REQUIRED if relationships exist**).

- ☐ Either I or my spouse have financial relationships as described above.

Is the relationship RELEVANT or NOT RELEVANT to the presentation listed at the top of this form.

☐ The information **IS RELEVANT**

☐ The information **IS NOT RELEVANT**

Relationship 1: Please indicate whether the relationship(s) are those of yourself or your spouse/partner:

☐ Me ☐ My spouse/partner

Has this relationship terminated: ☐ Yes ☐ No

Commercial Interest/Company Name: _____

What was received? _____ What was your role? _____

Relationship 2: Please indicate whether the relationship(s) are those of yourself or your spouse/partner:

☐ Me ☐ My spouse/partner

Has this relationship terminated: ☐ Yes ☐ No

Commercial Interest/Company Name: _____

What was received? _____ What was your role? _____

Relationship 3: Please indicate whether the relationship(s) are those of yourself or your spouse/partner:

☐ Me ☐ My spouse/partner

Has this relationship terminated: ☐ Yes ☐ No

Commercial Interest/Company Name: _____

What was received? _____ What was your role? _____

For additional relationships, please attach Commercial Interest Name, what was received and a description of your role.

Signature _____

Date _____

IMPORTANT: One method of resolving potential conflicts of interest is to objectively determine that the program content is based on the best available evidence and represents a balanced view of therapeutic options. It must also promote improvements or quality in healthcare, NOT a specific proprietary business interest of a commercial interest. You will be asked to provide a copy of your content (PowerPoint) in advance for review along with specific sources of evidence.