

Date

FirstName LastName, MD

Address

City, State Zip Code

Dear Dr. LastName:

Thank you for agreeing to serve on our faculty for the upcoming continuing medical education activity, which will be held on _____ (insert date) at _____ (insert location). The CME program is directly provided by the University of North Dakota School of Medicine and Health Sciences. The details of this educational activity and your presentation are as follows:

- Identified professional practice gap: (insert topic)
- Your presentation is titled:
- Scheduled start and end time of your presentation:
- Overall activity objectives:

Use measureable, action verbs.

Example: At the conclusion of this presentation, participants should be able to:

- * Describe...
- * List the practical applications and clinical outcomes of ...
- * Utilize diagnostic tools...
- * Assess the clinical outcome of ...

Please return completed form by:

- The target audience for this activity is: Physicians, Residents and Medical Students
- Please provide a short pre- and post-test (3 – 5 multiple-choice/true-false questions) to be used at the program.
- Please provide the slides you will use in your presentation no later than _____ for review.

ACCME Standards for Integrity and Independence in Accredited Continuing Education

As an accredited CME provider the UND School of Medicine and Health Sciences requires that its speakers comply with the *ACCME Standards for Integrity and Independence in Accredited Continuing Education*. As our faculty, you are required to do the following:

- Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re- selling, or distributing healthcare products used by or on patients.
- Advise the audience of any off-label, investigative or trade name uses of drugs or devices to which you refer in your presentation.
- Design a presentation that is scientifically rigorous and free from bias.

Towards these ends, we ask that you complete and sign the *Conflict of Interest Disclosure* form that is attached. Please return this by _____.

Participant Evaluations

- It is our policy to conduct post-activity evaluations. These evaluations ask participants to indicate if the presentation met the stated objectives, assess the appropriateness of the presentation to their specific practices, if it will cause them to make changes in their practice/research and if there was any evidence of commercial bias.
- The results of these evaluations are used to plan future CME activities and are shared with the faculty.

In addition to the above information, please provide a copy of your Curriculum Vitae/Bio. Once again, thank you for your willingness to participate in this CME event. If we can be of any additional help, or can clarify any of the above statements, please contact me at _____ (phone number) or _____ (email address).

Sincerely,

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES
OFFICE OF CONTINUING MEDICAL EDUCATION

EDUCATIONAL OBJECTIVES REQUEST FORM

Name of Presenter: _____

Date of Program: _____

Based on current ACCME Essential Areas and Policies, the UND SMHS requires all speakers to provide a list of educational objectives for the topic to be presented. All objectives need to be measureable.

Topic: _____

Upon completion of this program, the learner will be able to:

OR

Upon completion of this program, the learner will be able to:

1. _____
2. _____
3. _____
4. _____

**UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES
OFFICE OF CONTINUING MEDICAL EDUCATION**

PRE- AND POST-TEST REQUEST FORM

Name of Presenter:

Date of Program:

Topic:

Please provide short 3-5 questions for a pre and post test to be used at the lecture. The questions are to be multiple-choice, true/false or yes/no. Please also indicate the correct answer to each question.

Questions:

1. _____
2. _____
3. _____
4. _____
5. _____

Faculty Arrangement Form

Name: _____

Date of Presentation: _____

Program Title: _____

Please indicate the audiovisual equipment requirements for your presentation:

☐ LCD Projector

☐ Will provide my own laptop

☐ Please provide a PC laptop

* Please list type of program required _____

☐ Laser Pointer

☐ Other: _____

☐ None Required

Please indicate travel and lodging needs:

☐ Need lodging

Dates Required (Arrival/Departure): _____

☐ Need airline

Departure/Return Dates and Cities: _____

☐ None Required

Conflict of Interest Disclosure Form

Name:

Organization:

Activity Title:

Program Title:

Activity Date:

Role(s) *[Please check appropriate box(es)]:*

- ☐ Author
 ☐ Course Director
 ☐ Moderator
 ☐ Planning Committee
 ☐ Presenter
☐ Reviewer
 ☐ Joint Providing Unit

As a prospective planner or faculty member, we need your help to protect our learning environment from industry influence. Any person in a position to control the content of the activity must disclose all financial relationships with ineligible companies.

The intent of this disclosure is not to prevent an individual with affiliations from planning an educational activity, or to prevent a presenter with affiliations from presenting, but rather to inform the UND School of Medicine and Health Sciences Continuing Medical Education Office (UND SMHS CME) of any potentially biasing relationships so that conflicts can be mitigated prior to the activity.

It is the policy of UND SMHS CME to ensure balance, independence, objectivity and scientific rigor in all of its continuing medical education activities. All financial relationships identified by the planner, presenter, or other faculty will be disclosed to the audience prior to, or at the time of, the activity.

To be completed by Planner, Faculty, or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the **past 24 months** with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

| Enter the Name of Ineligible Company: 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 of ineligible companies visit accme.org/standards or med.und.edu/CME . | Enter the Nature of Financial Relationship: Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds. | Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken. |
|---|---|--|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

☐ I have nothing to disclose.

To be completed by Presenter/Speaker:

Please indicate your understanding of, and willingness to comply with, each statement below by checking the appropriate box. If you have any questions regarding your ability to comply, please contact UND SMHS CME as soon as possible.

- ☐ Agree ☐ Disagree I have disclosed to the UND SMHS CME all financial relationships, and I will disclose this information to learners verbally and in print.
- ☐ Agree ☐ Disagree The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and *will not* promote a specific proprietary business interest of an ineligible companies*. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
- ☐ Agree ☐ Disagree I have not, and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the UND SMHS CME.
- ☐ Agree ☐ Disagree I understand that UND SMHS CME may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
- ☐ Agree ☐ Disagree If I am presenting at a live event, I understand that an UND SMHS CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- ☐ Agree ☐ Disagree If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
- Please describe if trade names are to be used:
- ☐ Agree ☐ Disagree If I have been trained or utilized by an entity or its agent as a speaker (e.g., speaker's bureau) for ineligible companies*, the promotional aspects of that presentation will not be included in any way with this activity.
- ☐ Agree ☐ Disagree If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted with the profession of medicine as adequate justification for their indications and contraindications in the care of patients. I will convey the limitations of the content being taught, and the severe and most common risks of treatments that are discussed.
- ☐ Agree ☐ Disagree If I am presenting research funded by a company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the ineligible company(ies)*. All scientific research referred to, reported or used in the activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.
- ☐ Agree ☐ Disagree If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- Please describe if off-label usage is to be discussed:

**Ineligible Company: Those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.*

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

SIGNATURE

DATE

| | |
|--|--|
| | |
|--|--|

FOR YOUR INFORMATION ONLY

CRITERIA AND INSTRUCTIONS FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES

1. Instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they have with ineligible companies. ***The ACCME definition of an ineligible company is: "those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."** (<https://accme.org/accreditation-rules/eligibility>)
2. You are to disclose all financial relationships that you have had with an ineligible companies that have occurred **in the past 24 months**, which fall under the definition above.
3. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
4. Honoraria received, or consulting funds, from a CME provider, even though those funds may have been provided to that CME/CE provider through an educational grant from an ineligible company, do not have to be disclosed (per ACCME requirements).
5. If you are a principal investigator for a clinical research project, you must report that research relationship under "Contracted Research" even if those funds came to an institution. Non-PI investigators need not report this relationship.
6. In accordance with ACCME requirements, **you may not participate as a member of a CME course planning committee or faculty if you are an employee or owner of an ineligible company** such as a pharmaceutical/device or biologic company or any other ineligible company as defined by the ACCME as **"those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."**
7. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, course director, moderator, presenter, author or reviewer for this activity.
8. Review the Content Validity Guide to ensure your educational content meets all accreditation expectations, is fair and balanced, and that any clinical content presented supports safe, effective patient care. Please find at med.und.edu/CME.
9. For further questions, please contact either Mary Johnson (mary.johnson@und.edu) or Nancy Hostetter (nancy.hostetter@und.edu) at the UND SMHS CME.