



South Shore Hospital Continuing Medical Education
55 Fog Road, So. Weymouth, MA 02190
Disclosure Form

Activity Title:

Activity Date:

IMPORTANT: Please read the information below carefully before completing this disclosure form.

Your Name:

Telephone/Fax:

Email:

Role in Activity (check where appropriate): Faculty (Speaker) Planner Reviewer
CME Committee Member Moderator Other (Specify):

As a provider accredited by the Massachusetts Medical Society, South Shore Hospital must ensure balance, independence, objectivity, and scientific rigor in all its individually and jointly provided educational activities. All individuals in a position/role to control the content of an activity are expected to disclose to South Shore Hospital, any relevant financial relationships they and their spouse/partner have with commercial interests.

The ACCME defines a commercial interest as *any entity producing, marketing, reselling 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 CME activity, and which relate to the content of the educational activity.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as independent contractor (including contracted research), consulting, promotional speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. **The ACCME considers relationships of the person involved in the CME activity to also include financial relationships of a spouse or partner.**

Do you and/or your spouse/partner have any relevant financial relationships with an ACCME-defined commercial interest? **Yes** **No, I have no relevant financial relationships to disclose**

If you answered “yes”, please list below as per the following example. Attach a separate page if needed.

| Name of the Commercial Interest (Company) | Nature of the Relationship |
|---|-----------------------------------|
| Example: Pfizer | Consultant, Contracted Researcher |
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PLEASE NOTE: 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.

By typing your full name below, you confirm that you have read and will comply with the statements made in this document.

eSignature:

Date: