

South Carolina College of Pharmacy
(Medical University of South Carolina campus)
Office of CPE

Full Disclosure for CPE Activities

Name of CPE Activity: _____ Date _____

Date(s) and Location of CPE Activity: _____

If this is an Enduring Material CPE Activity, please check here.

Name: _____ E-mail: _____

Your role in this CPE activity (check all that apply):

Activity director Speaker Planning committee Editor/Author Content specialist

According to the ACCME Standards of Commercial Support (approved September 2004), a **conflict of interest** is present when individuals in a position to control the content of CPE (or their spouses/partners) have a relevant personal financial relationship with a commercial entity that benefits the individual and may ultimately bias the presentation of that content to colleagues and participants. These factors listed below serve as part of the foundation for development of fair and balanced education:

- both a financial relationship (in any amount) with a commercial interest occurring within the past 12 months
- and the opportunity to affect the content of CPE about the products or services of that commercial interest.

This disclosure form is a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of CPE activities designated for credit by the South Carolina College of Pharmacy (MUSC Campus).

PLEASE RESPOND TO THE QUESTIONS BELOW WITH REGARD TO THE PAST 12 MONTHS

- A.** Neither I nor any member of my immediate family has a relevant financial relationship or interest with any proprietary entity producing health care goods or services.
- B.** I have or an immediate family member has a relevant financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply):

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

Organization and type of relationship	Clinical/Research Area	Type of Relationship Use Code Below
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

- | | |
|----------------------|-----------------------------------|
| A. Research Grants | E. Stock/Ownership |
| B. Speakers' Bureaus | F. Employment (includes retainer) |
| C. Partnership | G. Patent holder |
| D. Consultant | H. Advisory Committee/Board |
| | I. Others (please list) _____ |

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

- A.** The content of my material(s)/presentation(s) in this CPE activity will not include discussion of unapproved or investigational uses of products or devices.
- B.** The content of my material(s)/presentation(s) in this CPE activity will include discussion of unapproved or investigational uses of products or devices as indicated:

1. I understand that my responsibilities as a faculty presenter/author/editor/planner is to develop and provide the content and/or presentation that focuses on the improvement of health care for patients.
 agree disagree
2. I will not promote any specific proprietary or commercial business interest as part of my role in the planning and delivery of this CPE certified activity. Content for this activity will provide a well-balanced, evidence-based and unbiased approach to diagnostic and therapeutic options related to quality patient care.
 agree disagree
3. I will provide the educational content and resources for independent peer review as requested by the South Carolina College of Pharmacy (MUSC campus) Office of Continuing Education.
 agree disagree
4. I agree to identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in my presentation/article/case/discussion.
 agree disagree

The South Carolina College of Pharmacy (MUSC campus) Office of CPE is in compliance with **ACCME's content validity value statements**

1. All the recommendations involving clinical medicine in a CPE activity must be based on evidence that is accepted within the professions of pharmacy and medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CPE in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Do you agree to comply with these statements? Yes No

I have carefully considered each item and attest that the information is correct, to the best of my ability.

If I have indicated a relevant financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. If I have a change in my disclosure I pledge to notify you. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the South Carolina College of Pharmacy (MUSC campus) Office of CPE to identify a replacement.

Signature _____ Date: _____

RETURN by _____ TO: Ronald Nickel, PhD. Office of CPE, 843-792-8449

SCCP(MUSC) Director of Extramural Programs review _____
Date _____

MUSC CPE Committee review _____
Date _____

