

The Baptist Health South Florida Continuing Medical Education Program, an ACCME accredited CME provider, operates within the framework of the Standards of Commercial Support (SCS) to insure balance, independence, objectivity and scientific rigor in all of its CME activities. Anyone engaged in content development, planning or presentation is obliged to complete this form. *Persons who refuse to return this completed form in a timely manner may not participate in the CME activity.*

Faculty Name:
CME Activity Title & Date:

Relevant Financial Relationships

- Circumstances create a conflict of interest when an individual has an opportunity to influence or control CME content about products or services of a commercial interest with which he/she has a financial relationship.
- The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical services directly to patients to be commercial interests.
- ACCME focuses on relevant financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity.
- ACCME considers relationships of the person involved in the CME activity to include relevant financial relationships of a spouse or partner.

DISCLOSURES

Please check the option that applies to you below and sign the attestation at the bottom:

Neither I, the undersigned, nor my spouse/partner, have/had any relevant financial or other relationship(s) with a commercial interest (as defined above) now or within the past 12 months.

Within the past 12 months, I, the undersigned, and/or my spouse/partner had a relevant financial relationship, arrangement and/or affiliation with the organizations or companies noted below.

Indicate below the company(ies) with which you or your spouse/partner have (or had) relevant financial relationships and your role, affiliation or financial interest with that company. **NOTICE:** Please do not disclose actual financial value of affiliations. Diversified mutual funds are not included in the definition of "commercial interest".

<u>Role / Affiliation / Financial Interest</u>	<u>Name of Company(ies)</u>
Grant/Research Support	
Consultant	
Employee/Owner	
Speakers' Bureau	
Stock Shareholder	
Other Financial or Material Support <i>Please describe:</i>	

ATTESTATION

I attest that the information provided above is true and correct and that I have read and agree to all the Terms of this Faculty Invitation as stated and described herein.

Speaker:

Date

Terms of Faculty Invitation

You are responsible to provide the requested information* and accept these terms of your faculty commitment.

A. Presenter's Name and Professional Title *as it should appear on website and other promotional materials*

*

B. Cellular Phone Number
For access while traveling.

*

C. Presentations Page *

Instead of providing a syllabus, Baptist Health CME provides registered attendees with access to speakers' presentations in PDF format on a *limited access webpage* before and after the symposium. Access will be shared only with symposium attendees and faculty and will be available until _____

Do you agree to have a PDF version of your presentation posted online and made available to attendees?

YES NO

D. Equipment *

I will use the PC laptop provided at the conference.

I will bring my own laptop.

Which type of laptop will you bring?

PC

MAC (NOTE! Baptist Health **does not** provide or support MAC computers. Therefore, MAC users **must bring their own** computer, adapter cables and accessories.)

E. Format/Technical Support *

My presentation **WILL NOT** include video and/or audio.

My presentation **WILL** include videos and/or audio portions in the slides. I will need access to the following to support my presentation.

Internet Access

None of these - Video plays directly from laptop.

YouTube access

Other

F. Unlabeled Use *

I agree to disclose to the audience if my presentation/discussion includes information about a product not labeled by the FDA for the use under discussion or that is still investigational.

My presentation: (*check one*)

DOES

DOES NOT include discussion of an unlabeled use of a commercial product or an investigational use not yet approved for any purpose.

G. Copyright

I verify that I have obtained permission from copyright holder(s) to reproduce/copy from their work. I acknowledge that Baptist Health South Florida (BHSF) will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.

H. HIPAA & PHI (Protected Health Information)

I take responsibility for compliance with HIPAA Privacy requirements and applicable state and United States federal laws protecting confidentiality and security of PHI and safeguarding PHI.

- I have removed all Personal Health Information (PHI) or de-identified images used in my materials including photographs and clinical images where patient personal data is typically displayed.
- When presenting specific patient cases or case histories, I warrant that I have obtained HIPAA compliant authorization for any PHI in my presentation materials.
- If my presentation will contain patient identifiers, it is my responsibility to obtain consent from my patients for use of their (PHI), including photographic images.

F. Independence

I agree to uphold academic standards to insure independence and scientific rigor in my role in the development and presentation of this CME activity. To this end my presentation will provide a balanced and objective view of all therapeutic options and will not promote a specific proprietary business interest of a commercial interest, and I will provide the type of evidence and references that support each key teaching point. I will omit company logos and brand names from the educational materials that are part of my CME presentation, such as slides, abstracts and handouts.