**PLANNER / Faculty**

**Biographical Data/Conflict of interest Form**

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| --- | --- |
| **Educational Activity:** | 19th World Congress on Disaster and Emergency Medicine |
| **Date(s):** | April 21-24, 2015 |
| **Individual’s role(s) in this educational activity:** *(check all that apply)* |
|  | Planning Committee Member  |
|  | Presenter/Author |
|  | Content Reviewer  |

***Directions:*** *Type information directly into the space provided, or type an ‘X’ in the appropriate box to indicate your response. Save the completed form to your computer. Do* not *attach any additional materials (no CV or resume).*

|  |  |
| --- | --- |
| Name and Credentials: |  |
| Organization/Employer: |  |
| Current Position/Title: |  |
| Mailing Address:  |  |
| Phone: |  |
| Email: |  |

Your educational preparation:*(include basic through highest degree held)*

|  |  |  |
| --- | --- | --- |
| Degree | Major Area of Study | Institution – Name, City, State |
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1. If you have **Content Expertise** in the subject matter of this activity, briefly describe your relevant education and or professional experience:

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2. **Planning Committee Members:** Briefly describe your education/experience in planning educational programs:

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3. **Presenters/Authors** and **Content Reviewers:** Briefly describe your education/experience in teaching, presenting, developing or reviewing educational program materials:

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**Conflict of Interest Disclosure:**

**Employees or representatives of a commercial interest may not serve as a planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to resolve any potential conflict of interest.**

***Commercial Interest****, as defined by ACCME, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests.*

**1. Are you employed by, or do you represent, any commercial interest organization?**

|  |  |
| --- | --- |
|  | **NO** |
|  | **YES\* – Company name:** |  |

*\* The CME Provider for this educational activity will contact you regarding any disclosed relationships.*

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Actions must be taken to resolve any potential or actual COI for planners, presenters, authors or content reviewers prior to the start of the educational activity.

**All planners and presenters/authors/content reviewers must disclose any possibly relevant relationships with commercial interests on the part of themselves or their spouse/partner occurring over the past 12 months.**

***Relevant Relationships****, as defined by ACCME, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity. Such relationships include* ***employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership****, and other activities from which remuneration is received or expected. Evidence of remuneration includes but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.*

**2. Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?**

|  |  |
| --- | --- |
|  | **NO** |
|  | **YES\* - Provide details of relationship(s) below:** |
| **Name of Commercial Interest Organization** | **Relationship(s) with Organization** | **Related Product/Service**  |
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*\*The CME Provider for this Educational Activity will contact you regarding any disclosed relationships with commercial interests to determine whether a conflict of interest (COI) exists and measures to resolve it.*

**Content Integrity Statement:**

**Do you agree to work to ensure that content for this educational activity is evidence-based or based on the best-available evidence, is presented free from bias, and does not promote the products or services of any individual practitioner or organization?**

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO\* – Please explain:**  |  |

*\*The CME Provider will contact you to discuss your reasons and continued involvement with the educational activity.*

**Electronic Signature:**

*An ‘X’ in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and Credentials:**  |  |  **Date:** |  |

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| ***DO NOT COMPLETE – CME Accredited Provider use only:*** |
| **Resolution of potential Conflicts of Interest –** *check all that apply:* |
|  | Not Applicable - No relationship(s) with a commercial interest were disclosed  |
|  | Not Applicable - Relationship(s) disclosed were found not to be ‘relevant relationship(s)’ *(explain in NOTES below)* |
|  | **Relevant relationship(s) with a commercial interest were identified** (COI exists) – **ACTIONS TO RESOLVE COI:** |
|  |  | Removed individual from participating in all parts of this educational activity |
|  | Revised individual’s role in activity so the financial relationship is no longer relevant  |
|  | Not awarding contact hours for a portion or all of the educational activity |
|  | Review of educational activity for evidence of integrity/absence of bias by *(name)*   **AND:** |
|  |  | Presentation will be monitored to evaluate for commercial bias |
|  | Participant feedback will be reviewed to evaluate for commercial bias in the activity |
|  | Other procedure to resolve COI:   |
| NOTES:  |
| **Additional concern(s) for potential for bias that were not self –reported on this form AND resolution** *– if applicable***:**       |
| **Electronic Signature:** *An ‘X’ in the box below serves as the electronic signature of the CME Provider reviewing this form and attests to the accuracy of the information given above.* |
|  | **Name and Credentials:**  |  |  **Date:** |  |
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