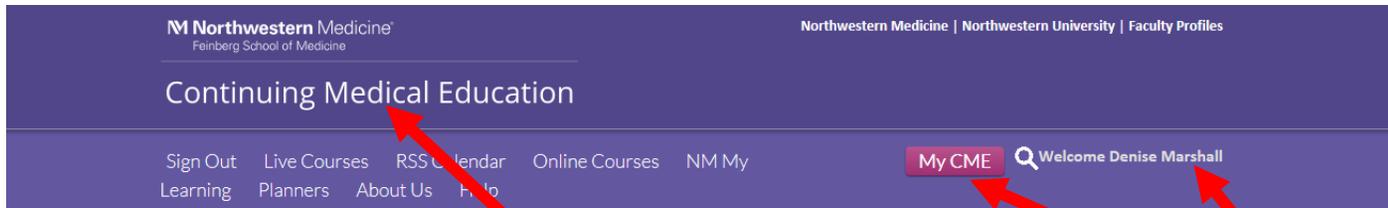


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Feinberg School of Medicine

# CME Bootcamp: RSS application process and documentation training

May 2018

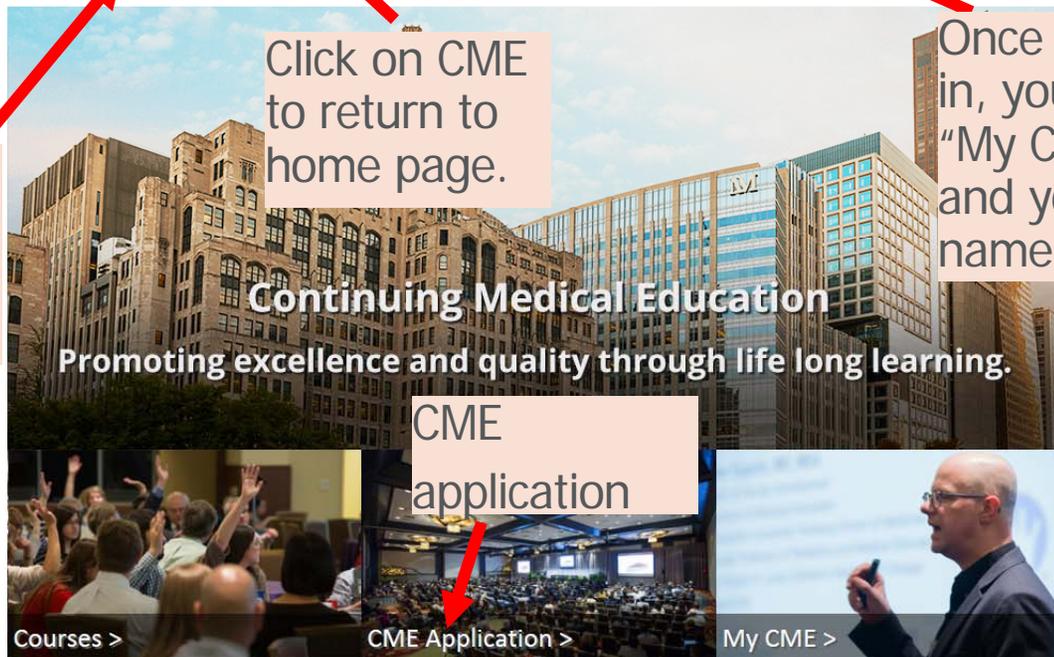
# New website



Planners tab has resources and templates.

Click on CME to return to home page.

Once logged in, you'll see "My CME" and your name.



# CME application

Start a new CME application

## CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

New Application

Admin User Lookup   Hide Approved  Hide Submitted

[Export XLS](#)

ACTIVITYID	ACTIVITY NAME	AUTHOR	LAST REVISED	DISCLOSURE STATUS	
	<a href="#">WR Delnor Perinatal M&amp;M Review</a>	Jennifer Perkins	11/27/2017 11:59:28 AM	Caroline Mills, MD does not have a disclosure on file. Caroline Mills, MD does not have a disclosure on file.	<a href="#">Disclosures Required</a> <a href="#">Copy</a> <a href="#">Delete</a>
58706	<a href="#">2018 IRB Panel Meeting Series</a>	Olga Jonas, MS, CIP	11/27/2017 11:25:35 AM	All disclosures on file.	<a href="#">Submit For Review</a> <a href="#">Copy</a> <a href="#">Delete</a>
58488	<a href="#">WR-KH Breast Cancer Conference(Tumor Board)</a>	Debbie Mitchell	11/22/2017 3:18:01 PM	All disclosures on file.	<a href="#">Activity Submitted</a> <a href="#">Copy</a> <a href="#">Delete</a>

Existing application

## CME application

Caroline Mills, MD does not have a disclosure on file. Caroline Mills, MD does not have a disclosure on file.

Disclosures Required

Copy

Delete

All disclosures on file.

Submit For Review

Copy

Delete

All disclosures on file.

Activity Submitted

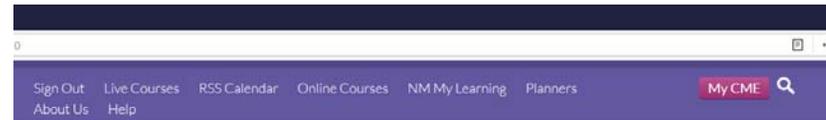
Copy

Delete

# CME application

## Multiple tabs

- **Basics**
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature



## CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

A screenshot of the 'Basic Information' section of the CME application form. The form is displayed in a browser window. On the left is a sidebar menu with options: 'Basic Information' (selected), 'Planners and Faculty', 'Gap and Needs', 'Objectives and Outcomes', 'Educational Design', 'Support and Attestation', 'Files - upload/download', 'Curricula', and 'Return To Applicants List'. The main form area has a 'print' button and a lock icon. The title is 'Basic Information'. Below the title is a prompt: 'Please specify the following for your activity:'. The form contains several fields: 'Activity Name/Title \*', 'Activity Type \*', a link for 'Activity Type descriptions can be found by clicking here.', a radio button question 'Is your activity a series? (Not a Regularly Scheduled Series) \*' with 'Yes' and 'No' options, 'Activity Format \*', a text area for 'In addition to your primary activity format, do you anticipate utilizing a secondary activity format? For example, live stream of an RSS or enduring material created from a live activity. Please explain.', 'Activity Description \*', 'Activity Synopsis (optional short description shown on calendar and lists) \*', another radio button question 'Is this a one-time quality improvement or patient safety activity? \*' with 'Yes' and 'No' options, 'Type of Credit Requested \*' with checkboxes for 'AMA PRA Category 1' and 'Non-Physician Attendance', and a text area for 'Please list additional credits being offered (not accredited by FSM OCME):'.

# CME application

## Multiple tabs

- **Basics**
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

Division

Is an institution other than FSM or a Northwestern affiliate (listed above) involved in the educational planning of the activity?

Yes

No

[Save and Continue](#) [Cancel](#)

Choose "Save and Continue" to advance to the next tab.

Northwestern University	Feinberg School of Medicine	Live Courses
Feinberg School of Medicine	240 E. Huron, Suite 1-200	RSS Calendar
Giving   Site Feedback	Chicago, IL 60611-3008	Online Courses
Social Media Center	312-503-8533	NM My Learning
	312-503-4531	

## CME application

### Multiple tabs

- Basics
- **Planning & Faculty**
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

member, click the red minus (-) icon to the left of the table row for that committee member.

	Email Address	Committee Member Full Name	Degree and Credentials	Institution	Role on Committee	Disclosure
 	c-schroedl@northwest	Clara Schroedl, MD	MD	FSM	Course I 	<a href="#">Disclosure</a>
 	jbarsuk@nm.org	Jeffrey Barsuk	MD, MS	FSM	Planning 	
 	lwilliam@nm.org	Lisa Williams	MS, APN-CNS, NM		Planning 	
 	dwayne@northwestern	Diane B Wayne, MD	MD		Planning 	<a href="#">Disclosure</a>

- Add email address then hit “tab”.
- Will auto populate name and degree if they have a disclosure on file.
- If you erroneously add someone, click on the **red circle** to delete.
- If you add an email address of someone NOT in our system, then adding them here will make them a profile on our system.
- All Planning committee members, course directors, and those who need to sign the application needs to be entered here.

# CME application

## Multiple tabs

- Basics
- **Planning & Faculty**
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

### Faculty/Presenters

Please upload your list of faculty using the upload button below. Be sure to include the faculty member's full name, degree and email address.

Please upload your list of faculty here (accepted file types: Excel, PDF, Word):



- Faculty list with disclosure information
  - template under "Planner" tab
  - only need to add course director and planner

# CME application

## Multiple tabs

- Basics
- **Planning & Faculty**
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

Continuing Medical Education

Sign Out Live Courses RSS Calendar Online Courses NM My Learning Planners **my CME** Faculty

Planners

First step before applying for CME  
Procedures and Protocols  
Guidelines for Planning a CME Activity  
CME Review Committee Schedule

Resources for filling out the CME application  
Budget template (required for application)  
**Speaker/Faculty spreadsheet (required for application)**  
Activity Type Definitions  
Writing Learning Objectives – Quick Tips & Examples  
Learning Objectives – Measurable Verbs  
Helpful Tips for Completing the Gap and Needs Section

Submitting a Grant  
Grant request protocol  
Grant application intake form  
(only needed if the Office of CME is reviewing your grant)  
Grant Letter of Request  
Northwestern's LOA

Resources for Coordinating a conference  
Program Template Form - Direct (required)  
Program Template Form - Joint (required)  
Brochure template

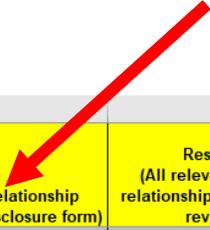
Regularly Scheduled Series  
Example of Promotional Materials  
Entering in attendance instructions

CME Training Materials  
CME Bootcamp: Cloud CME for Conference Course Coordinators  
• Overview of new website, New application, Disclosures, Adding in attendance, Evaluation

- Faculty list with disclosure information
  - template under “Planner” tab
  - only need to add course director and planner

# CME application

## Screen shot of faculty spreadsheet



	A	B	C	D	E	F	G	H	I
1	Last Name	First Name	Middle Initial	Degree (s)	Organization / Institution	Role in the activity (course director, planning committee, speaker, moderator, etc.)	Honoraria amount	Financial Relationship (Taken from disclosure form)	Resolution (All relevant financial relationships must be peer reviewed)
2	EX: Superior	Jane		MD		Course Director	\$0.00	None	
3	EX: Fairbanks	Joe	A	MD, MS		Speaker	\$500.00	Receives honorarium as a speaker from ABC Commercial Interest.	Course director will review presentation and fill out a "content validation form" prior to activity.
4	EX: Huron	Jack		DO		Speaker	\$500.00	Receives funding as a PI for a grant supported by XYZ Company. Speaker states the topic of his presentation is not related to the commercial interest. *	Course director confirms there is no relevant financial relationship between the presentation and commercial interest.*
5							\$0.00		
6							\$0.00		
7							\$0.00		

- Financial Relationship must be filled out.
- Resolution
  - Only resolution method for course directors and planners is for them to attest that they will not plan anything related to their financial relationships
  - They will receive a separate email from the Office of CME

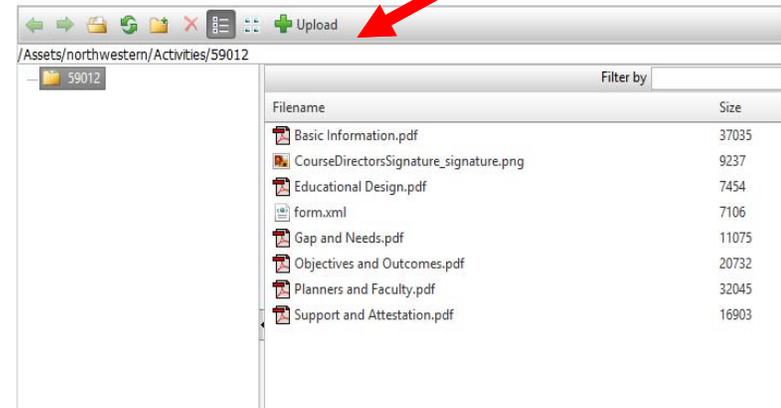
# CME application

## Multiple tabs

- Basics
- Planning & Faculty
- **Documents**
  - Faculty spreadsheet
  - Budget
  - Supporting documentation
- Signature

Basic Information
Planners and Faculty
Gap and Needs
Objectives and Outcomes
Educational Design
Support and Attestation
<b>Files - upload/download</b>
Comments
Return To Applications List

To add files to your application.



Filename	Size
Basic Information.pdf	37035
CourseDirectorsSignature_signature.png	9237
Educational Design.pdf	7454
form.xml	7106
Gap and Needs.pdf	11075
Objectives and Outcomes.pdf	20732
Planners and Faculty.pdf	32045
Support and Attestation.pdf	16903

## Documents needed:

- Budget
  - template under “Planner” tab
  - Only need to add budget is requesting funds from a commercial interest for grant. Must contact Office of CME *prior* to reaching out to companies.
- Faculty spreadsheet
  - Download an *updated* spreadsheet
- Additional supporting documentation for application

# CME application

## Multiple tabs

- Basics
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- **Signature**

1154&ActivityID=59012

The Office of CME offers optional additional support for activity planning. Fees apply. Check all the services you would like the OCME to perform on your behalf.

Educational Grant submission  Exhibitor submission  
 Manage online registration  Name badges  
 Onsite staffing

**Attestation**

As the course director, I attest that this CME activity will comply with the following ACCME requirements:

1. 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*
2. 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.
3. CME activities must not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
4. The activity planning process and educational content are free of commercial influence and/or bias.
5. If the ACCME receives a complaint about an educational activity not coordinated by the Office of CME, the course director will be responsible to respond to the complaint according to the ACCME's Procedure for Handling Complaints located at: <http://www.accme.org/news-publications/publications/processes-complaints-regarding-accredited-providers-and-recognized-1>, and any fees associated with the complaint.

I have reviewed and approved the budget estimate and I understand the policies regarding the program's financial responsibilities.

Course Director's Signature	Date
<input type="text" value="Signature image"/>	<input type="text" value="12/06/2017"/>
Division Chief's Signature	Date
<input type="text" value=""/>	<input type="text" value="MM/DD/YYYY"/>
Department Chair's Signature	Date
<input type="text" value=""/>	<input type="text" value="MM/DD/YYYY"/>

Northwestern University  
Northwestern University  
Feinberg School of Medicine  
Feinberg School of Medicine  
Feinberg School of Medicine  
240 E. Huron, Suite 1-200  
Live Courses

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Feinberg School of Medicine

# Questions?

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# Disclosure Forms

# Who should complete the disclosure form?

- Course Director(s)
- Planning Committee Member(s)
- Faculty / Presenters



In other words...

anyone who has **influence**  
over the **educational**  
**content** of the activity.



## Where can I find the disclosure form?

The most direct way to access the disclosure form is from the CME website:

[www.cme.northwestern.edu](http://www.cme.northwestern.edu)

## Continuing Medical Education

[Sign In](#) [Live Courses](#) [RSS Calendar](#) [Online Courses](#) [NM My Learning](#) [Planners](#) [About Us](#) [Help](#)



Scroll to the bottom of the home page:

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Chicago, IL 60611-3008  
312-503-8533  
312-503-4531  
Email Us

ACCME  
ACCREDITED WITH  
COMMENDATION

Live Courses  
RSS Calendar  
Online Courses  
NM My Learning  
Planners  
About  
Help



**Alternatively, you can share the direct link:**

<https://northwestern.cloud-cme.com/Form.aspx?FormID=58>



# There's A Cheat Sheet!

Use the cheat sheet to help your Course Directors, Planners and Faculty login and find the disclosure form.

Yes, you can share it with them.



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## Feinberg School of Medicine

[Logout](#) [Attendee Portal](#)



### Disclosure of Relevant Financial Relationships for Continuing Professional Education

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), Northwestern University Feinberg School of Medicine (NUFSM) requires written, signed disclosure of the existence of relevant financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by NUFSM. Individuals who refuse to disclose relevant financial relationships or refuse to attest to the statements at the end of this form will be disqualified from all aspects of associated CME activities.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Note that any red highlighted items are required fields and the form cannot be submitted without an answer.

A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Relevant financial relationships are those in which an individual (including spouse/domestic partner) has both:

1. A personal financial relationship (any amount) with a commercial interest in the past 12 months (whether relationship has ended or is currently active) AND
2. Control in planning or presenting educational content addressing specific products/agents/devices of the commercial interest (not simply a whole class of products or content about the whole disease class)

**Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest? \***

- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.
- No

## ATTESTATION OF CE VALUE STATEMENTS

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select N/A. If you require clarification of these statements or have questions regarding your ability to comply, please contact us immediately.

I have disclosed all relevant financial relationships and I will disclose this information to learners. \*

Agree  Disagree  N/A

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. \*

Agree  Disagree  N/A

I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity. \*

Agree  Disagree  N/A

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested. \*

Agree  Disagree  N/A

If I am providing recommendations involving clinical medicine, they will 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 will conform to the generally accepted standard of experimental design, data collection and analysis. \*

Agree  Disagree  N/A

**MN** **Fei** If I am discussing specific healthcare 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. \*

Agree  Disagree  N/A

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. \*

Agree  Disagree  N/A

If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. \*

Agree  Disagree  N/A

If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods, and will not promote the commercial interest of the funding company. \*

Agree  Disagree  N/A

My signature below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided in this form will be shared with learners prior to their engagement in this CME/CE activity.

Signature

 Signature Image

Date \*



 Please review your responses above to make sure all required fields (\* indicates required) are completed before continuing.

N

 Submit

Reset 



## If the person has no relationships to disclose...

- Click No
- Click Agree, Disagree or N/A for the remaining questions
- Sign and date at the bottom
- Click Submit
- **ALL DONE!**



But what if they have  
relationships to  
disclose?!?!

**Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?**

- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.
- No

▼ Please specify your relationship: ⓘ +

Type of Financial Relationship ⓘ <input type="text"/>	Indicate Applicable Manufacturer ⓘ <input type="text"/>
Relationship, If other: <input type="text"/>	Manufacturer, If other: <input type="text"/>
Relationship Status: Current or date ended <input type="text"/>	

# Types of Financial Relationships

Type of Financial Relationship ⓘ

Salary
Royalty
Receipt of Intellectual Property Rights/Patent Holder
Consulting Fee
Speakers Bureau
Fees for Non-CE Services Received Directly from a Commercial Interest or its Agent

Type of Financial Relationship ⓘ

Receipt of Intellectual Property Rights/Patent Holder
Consulting Fee
Speakers Bureau
Fees for Non-CE Services Received Directly from a Commercial Interest or its Agent
Contracted Research
Ownership Interest
Other



# Applicable Manufacturer

Indicate Applicable Manufacturer ⓘ

Other

3F Therapeutics

3M

Aastrom Biosciences, Inc.

Abbott Laboratories

Abbott Vascular

Abiomed, Inc.

Abt. Associates

# Relationship Status

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?

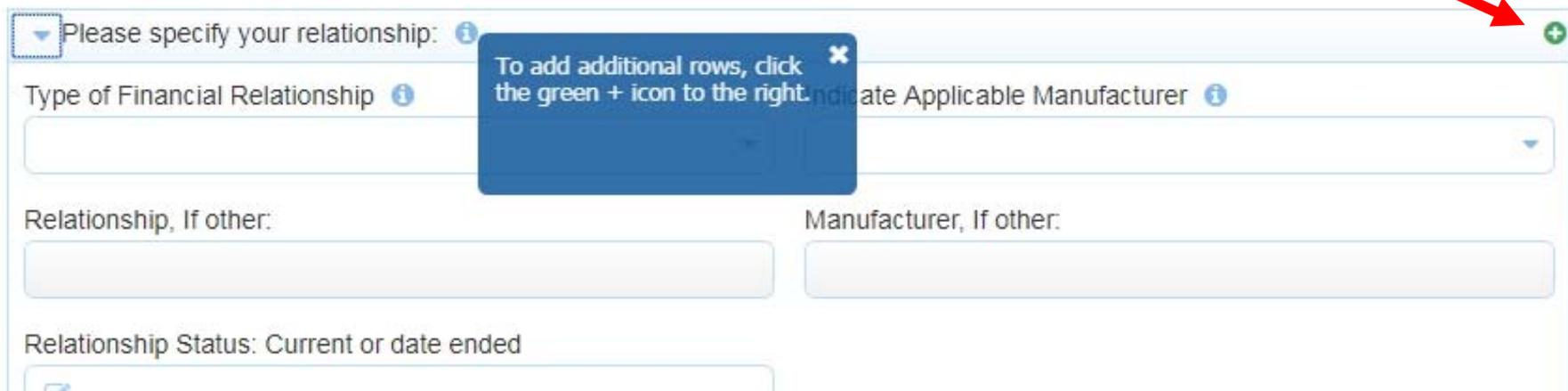
- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.
- No

▼ Please specify your relationship: ⓘ

Type of Financial Relationship ⓘ	Indicate Applicable Manufacturer ⓘ
<input type="text"/>	<input type="text"/>
Relationship, If other:	Manufacturer, If other:
<input type="text"/>	<input type="text"/>
Relationship Status: Current or date ended	
<input type="text"/>	



## More than one relationship? ADD MORE ROWS!



The screenshot shows a web form with a blue callout box and a red arrow pointing to a green plus icon. The callout box contains the text: "To add additional rows, click the green + icon to the right." The form includes a dropdown menu for "Please specify your relationship:", a text input field for "Type of Financial Relationship", a text input field for "Relationship, If other:", and a text input field for "Manufacturer, If other:". There is also a "Relationship Status: Current or date ended" field.

Please specify your relationship: ⓘ

Type of Financial Relationship ⓘ Indicate Applicable Manufacturer ⓘ

Relationship, If other: Manufacturer, If other:

Relationship Status: Current or date ended

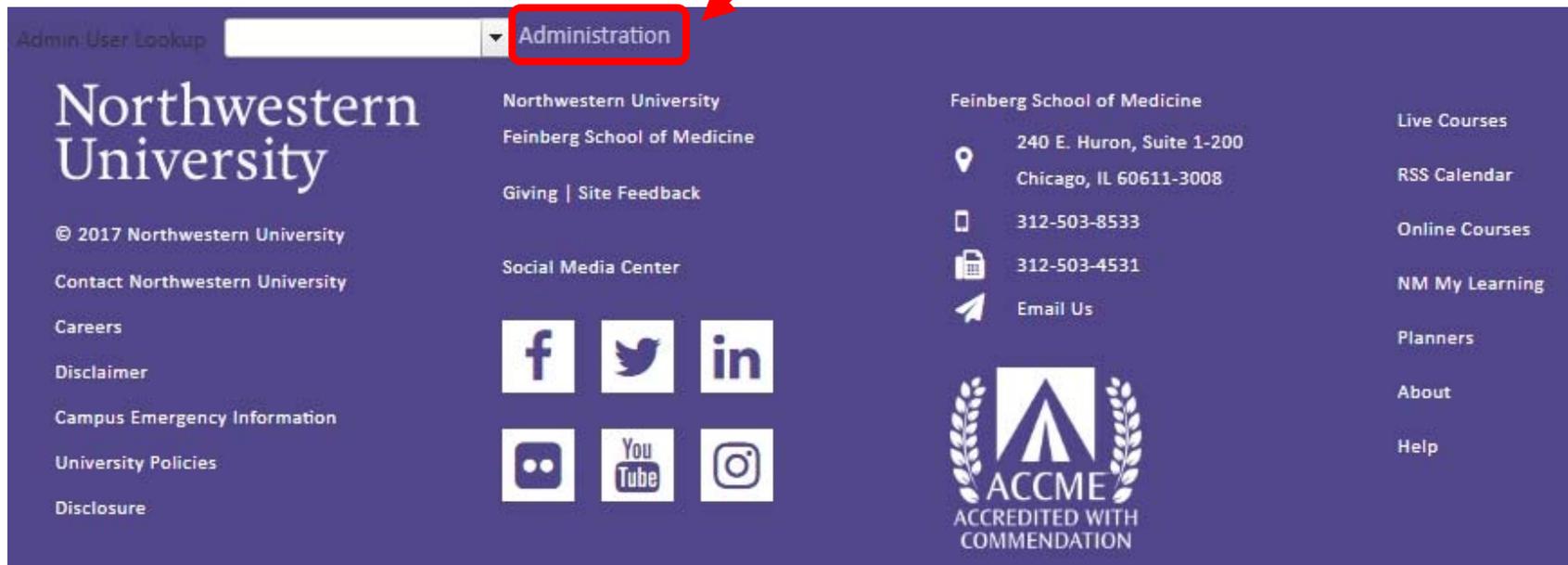


## Once they have added all financial relationships...

- Click Agree, Disagree or N/A for the remaining questions
- Sign and date at the bottom
- Click Submit
- **ALL DONE!**

# Accessing disclosure forms for your activity BEFORE application is submitted

From the Home Screen, click on Administration at the bottom of the page:



The screenshot shows the footer of the Northwestern University website. At the top left, there is a search bar labeled 'Admin User Lookup' and a dropdown menu with 'Administration' selected and highlighted by a red box. A red arrow points from the text above to this box. The footer is divided into several columns:

- Northwestern University**
  - © 2017 Northwestern University
  - Contact Northwestern University
  - Careers
  - Disclaimer
  - Campus Emergency Information
  - University Policies
  - Disclosure
- Northwestern University**
  - Feinberg School of Medicine
  - Giving | Site Feedback
  - Social Media Center
    - Facebook, Twitter, LinkedIn, YouTube, Instagram icons
- Feinberg School of Medicine**
  - 240 E. Huron, Suite 1-200
  - Chicago, IL 60611-3008
  - 312-503-8533
  - 312-503-4531
  - Email Us
  - ACCME ACCREDITED WITH COMMENDATION logo
- Navigation Links**
  - Live Courses
  - RSS Calendar
  - Online Courses
  - NM My Learning
  - Planners
  - About
  - Help

# CLOUD CME Administration Home page

The screenshot displays the CloudCME Administration Home page. At the top left, the logo for "CloudCME" is shown with "northwestern" underneath. A dark blue sidebar on the left contains a vertical list of navigation items, each with an icon: Home, Abstracts, Activities, Administration, Content, Email, Exhibitors, Faculty, Finance, Forms, Membership, and Reports. The "Reports" item at the bottom of this sidebar is highlighted with a red box. A red arrow points from the "Reports" item in the sidebar to the "Reports" section of the main content area. This "Reports" section is a light gray vertical menu listing various report types: Membership, Registrations, Orders, Credits, Evaluations, Faculty Disclosures (highlighted with a red box), Faculty Reports, Credits Over Time, Income by Event, File Uploads, Edit History, Login History, Email Statistics, Credit Summary, Test Results, and Stark FMV. To the right of the Reports menu, there are sections for "Tweets by @", "Evaluation Status", and two tweets from "CloudCME".

CloudCME  
northwestern

Home  
Abstracts  
Activities  
Administration  
Content  
Email  
Exhibitors  
Faculty  
Finance  
Forms  
Membership  
Reports

Reports

Membership  
Registrations  
Orders  
Credits  
Evaluations  
Faculty Disclosures  
Faculty Reports  
Credits Over Time  
Income by Event  
File Uploads  
Edit History  
Login History  
Email Statistics  
Credit Summary  
Test Results  
Stark FMV

Tweets by @

CloudCME :  
For those users gro  
Chicago. |  
form here

CloudCME :  
New Activ  
you can n  
uploaded,  
the Zip All

Northwestern  
Feenberg School

# You can now look for any disclosure form either by Activity or by the person's last name.

## Faculty Disclosures

*Instructions: Select an activity from the drop down list. Alternately, you can look up an individual by last name and if a disclosure has been submitted, it will display in the report. The report may take a minute to create. Please be patient. When finished you can export the report to several formats including PDF.*

Activity:

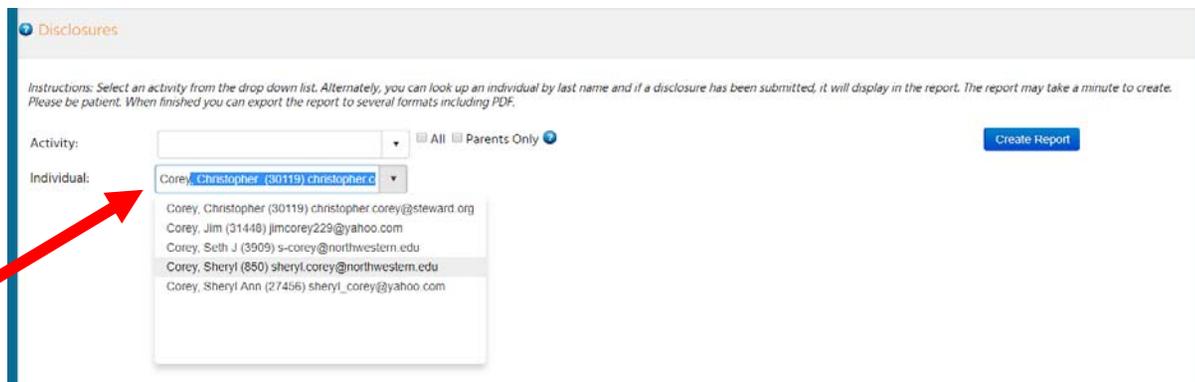
All  Parents Only [?](#)

Create Report

Individual:

# Searching By Individual

- Begin typing the person's last name in the box.
- Choose the correct person from the drop down
- Their disclosure will appear (but only if they completed one!)



The screenshot shows a web interface titled "Disclosures". It includes instructions: "Select an activity from the drop down list. Alternately, you can look up an individual by last name and if a disclosure has been submitted, it will display in the report. The report may take a minute to create. Please be patient. When finished you can export the report to several formats including PDF." There are two main input fields: "Activity:" and "Individual:". The "Individual:" field contains the text "Corey, Christopher (30119) christopher.c" and a dropdown menu is open, showing a list of search results. A red arrow points to the first result in the dropdown menu. To the right of the "Individual:" field, there are radio buttons for "All" and "Parents Only", and a "Create Report" button.

Individual
Corey, Christopher (30119) christopher.c
Corey, Christopher (30119) christopher.corey@steward.org
Corey, Jim (31448) jimcorey229@yahoo.com
Corey, Seth J (3909) s-corey@northwestern.edu
Corey, Sheryl (850) sheryl.corey@northwestern.edu
Corey, Sheryl Ann (27456) sheryl_corey@yahoo.com

# Searching By Individual

Disclosures

Please be patient. When finished you can export the report to several formats including PDF.

Activity:  All Parents Only [Create Report](#)

Individual:

Multiple submissions were found. Click a date to view. 1/17/2018 12:23:56 [Show All](#)

Faculty\_850\_CoreySheryl\_58.pdf 1 / 3

Disclosure of Relevant Financial Relationships for Continuing Professional Education

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), Northwestern University Feinberg School of Medicine (NUFSM) requires written, signed disclosure of the existence of relevant financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by NUFSM. Individuals who refuse to disclose relevant financial relationships or refuse to attest to the statements at the end of this form will be disqualified from all aspects of associated CME activities.

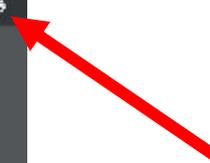
Please complete the information below, and then scroll to the bottom of the screen and click Submit. Note that any red highlighted items are required fields and the form cannot be submitted without an answer.

A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Relevant financial relationships are those in which an individual (including spouse/domestic partner) has both:

1. A personal financial relationship (any amount) with a commercial interest in the past 12 months (whether relationship has ended or is currently active) AND
2. Control in planning or presenting educational content addressing specific products/agents/devices of the commercial interest (not simply a whole class of products or content about the whole disease class)

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with a commercial interest?





**ANY  
QUESTIONS?**

Thank You!