

**Speaker guidelines for CME activities**

**Disclosures:**

* All speakers, content reviewers, course directors and planners must submit the Feinberg Office of CME’s (OCME) [online disclosure form](https://northwestern.cloud-cme.com/Form.aspx?FormID=1290) prior to the activity.
* Owners and employees of [ACCME-defined ineligible companies](https://accme.org/faq/what-accmes-definition-ineligible-company) may not participate in accredited CME. Owners and employees may include, but are not limited to, those who indicate ownership interest, employment, or *privately* held stock. Determining when a company is ineligible or if an ACCME exception applies is complex and the Office of CME must be engaged. Further information can be found [here.](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)
* Disclosure slides are not required but, if included the information on the slide must match what was disclosed on the online disclosure form. If disclosure information has changed, it is the speaker’s responsibility to update their online disclosure form and notify the course coordinators.

**Slides:**

* The coordinating department and the OCME must review slides before the activity. To ensure sufficient time for review, slides should be submitted to the activity coordinator 4 weeks prior to presentation.
* Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
* Educational material (slides, abstracts, handouts, etc.) cannot include commercial company and product logos of [ACCME-defined ineligible companies.](https://accme.org/faq/what-accmes-definition-ineligible-company)
* Identifiable information and photographs of patients should be removed or obscured.

**Collaborative Learning Culture:** Consider the following questions as you develop your content:

* Does this content address the healthcare needs of patients from different backgrounds and life experiences?
* What are the health disparities associated with this topic that should be addressed?
* Have I explicitly considered the health inequities that exist because of structural factors and not biological differences?
* Are stereotypes or generalizations included in my content? Did I avoid bias in the discussion of patient care or research?
* Did I represent diverse populations when discussing patient case examples?