



SCHOOL of MEDICINE
THE BOWMAN GRAY CAMPUS

OFFICE OF CONTINUING MEDICAL EDUCATION
Full Disclosure Statement for CME Staff, CME Committee Members,
Teachers/Authors, Activity Directors, and Planning Committee Members

PART I:

It is the policy of Wake Forest University School of Medicine (WFUSM) to insure balance, independence, objectivity, and scientific rigor in all sponsored or jointly sponsored educational activities. All individuals participating in WFUSM-sponsored CME activities are expected to disclose to participants any real or apparent conflict(s) of interest that have a direct bearing on the subject matter of the CME activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products/services are related to the subject matter of the educational topic. This also pertains to relationships with the commercial supporter(s) of the activity. The intent of this policy is not to prevent individuals with a potential conflict of interest from participating; it is merely intended that any potential conflict should be identified openly so that CME participants may form their own judgments with full disclosure of the facts. It remains for the audience to determine whether an individual's outside interests may reflect a possible bias in either the exposition or the conclusions presented. (Please return both pages of this form.)

CME Activity/Meeting: Journal of Surgical Orthopaedic Advances

Title of Presentation: _____

CME Activity/Meeting Date(s): _____ Location: _____

Your Name: _____

Relationship to the Activity: Author

(e.g. Teacher/ Author, Activity Director, Planning Committee Member, CME Committee Member, OCME Staff, etc.)

I, the undersigned (or an immediate family member including spouse/partner*), have at present and/or have had within the last 12 months, or know of any potential financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this CME activity. (Please note when the case involves a family member.)

Affiliation/Financial Interest

Name of Organization(s)

Grant/Research Support _____

Consultant _____

Speaker's Bureau _____

Stock Shareholder _____

Other Financial or Material Support _____

OR

I, the undersigned (or an immediate family member including spouse/partner*), have at present and/or have had within the last 12 months, or anticipate no financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this CME activity.

PART II:

The 2004 Updated Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support: Standards to Ensure the Independence of CME Activities stipulate:

STANDARD 2: Resolution of Personal Conflicts of Interest -

- 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity.
- 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

In order to meet these standards and the ones listed in its policy on disclosure, WFUSM requires all associated with a CME activity agree to the following:

I acknowledge that I have read the WFUSM Policy on Full Disclosure for CME Activities and Standard 2 of the 2004 Updated ACCME Standards for Commercial Support and hereby attest that the relationship(s) with commercial interests I have duly disclosed will not influence or bias my presentation and/or planning of the CME activity. I will adhere to the principle that information presented to the learner must be unbiased, scientifically balanced, and based on best evidence and best practices in medicine, and I agree to disclose when products/services are not labeled for the use under discussion or when the product/service is still under investigation. I understand that the information I have listed on this form will be shared with the audience of this CME activity.

Signature

Date

**** For WFUSM Faculty Members and Employees:**

If any of the affiliations/financial interests you listed above are valued at \$10,000 or above, please list those here:

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* Family member is defined as spouse/partner, parent, sister, brother, or child.