

## Financial Relationship(s) Disclosure Form

All prospective planners, faculty, and others who may control educational content in PACE jointly provided activities are expected to disclose **all financial relationships** they have had in the **past 24 months** with ineligible companies, prior to the beginning of the accredited CE activity. An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients<sup>1</sup>. There is no minimum financial threshold; **PACE asks that you disclose all financial relationships, regardless of the amount with ineligible companies and regardless of the potential relevance of each relationship to the education.** PACE must identify and mitigate any relevant financial relationships prior to activity development. In accordance with the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, faculty member, author, activity chair, or reviewer in this activity.

**ACTIVITY TITLE:**

**NAME/DEGREE:**

**FACULTY/TEACHER/AUTHOR**

**PLANNER/REVIEWER**

**OTHER**

Have you had any financial relationship in any amount **in the last 24 months** with any ineligible company?

**YES**  
*Please fill out the table below.*

**NO** – In the past 24 months, I have not had any financial relationships with any ineligible companies.

**I disclose the following financial relationships with any ineligible company within the past 24 months:**

Name of Ineligible Company in the Last 24 months	Type of Financial Relationship <sup>2</sup>	List specific clinical area/disease state expertise/drug that relate to your relationship with listed ineligible company.	Has the relationship ended? If the financial relationship existed during the last 24 months, but has now ended, please check box in this column.	<b>For internal use only:</b> Relevant financial relationship (check if yes)	<b>For internal use only:</b> Mitigation strategy
<input type="text" value="Click or tap here to enter text"/>	<input type="text"/>	<input type="text" value="Click or tap here to enter text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text" value="Click or tap here to enter text"/>	<input type="text"/>	<input type="text" value="Click or tap here to enter text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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- I attest that clinical recommendations will be evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

**SIGNATURE OF REPORTING INDIVIDUAL**

**DATE**

<sup>1</sup>For specific examples of ineligible companies, visit [accme.org/standards](http://accme.org/standards)

<sup>2</sup>**Owner** (e.g., sole proprietor, stockholder in privately held company); **Executive Role** (e.g., Board of Directors, non-salaried role); **Researcher** (Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.); **Consultant, Advisor, Speaker** (e.g., advisory boards, speakers' bureaus); **Independent Contractor** (including contracted research); **Royalties or Patent Beneficiary** (include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners.); **Individual publicly traded stocks and stock options** (diversified mutual funds do not need to be disclosed).