

Accredited Continuing Education Disclosure of All Financial Relationships Reporting Tool School



School of Nursing
Nursing Continuing Professional Development

The intent of disclosure in accredited continuing education is to follow accreditation guidelines to create high-quality education that is independent of industry influence. We request you disclose financial relationships whether you view the financial relationship as relevant to the education. The identification of financial relationships does not necessarily mean you are unable to participate in the planning and implementation of educational activities. The CME/NCPD office will work with you to determine relevance and attempt to mitigate any potential conflicts before moving forward with the accredited activity planning.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at 504-568-2000 or cme@lsuhsc.edu.

2000 or	cme@lsuhsc.e	edu.		
$\langle \rangle$	Name of Ind	ividual:		
	Title of Continuing Education Activity:			
:::::	Date and Lo	cation of Education Activity :		
	As a prospec	tive planner or faculty member, we would like to ask for your h	nelp in protecting our	
	learning env	vironment from industry influence. Please complete the form	For CME Office Use Only:	
	below and re	eturn it to <u>cme@lsuhsc.edu</u> by	ID:	
	ldentify the p (choose all th	prospective role(s) that this person may have in the planning and d nat apply)	lelivery of this education	
		Planner Examples: planning committee, staff involved in choosing topics, faculty	y, or content	
		Teacher, Instructor, Faculty		
		Author, Writer		
		Reviewer		
		Other		
	Accreditation of Nursing Center (AN interest wineducation education hips that you have	ana State University School of Medicine-New Orleans (LSUSOM-NO) is fon Council for Continuing Medical Education (ACCME) and the Louisi Continuing Professional Development is accredited by the American CC) and as such are required to identify and resolve, when possible, th any individual who may be in a position to influence and/or control activities. All individuals in a position to influence and/or control the activities are required to disclose to LSUHSC and subsequently to leave had in the past 24 months with ineligible companies. You are exegardless of the potential relevance of each relationship to the education	ana State University School n Nurses Credentialing , all potential conflict of ol accredited medical e content of LSUHSC certified earners any and all financial pected to disclose all	
products u Examples have begu manufactu foods and pharmacy	sed by or on pati include: adverti n a governmental rers or distributo dietary suppleme benefit managers	any entity whose primary business is producing, marketing, selling, re-sellir ents. For specific examples of ineligible companies visit accme.org/standard ising, marketing, or communication firms whose clients are ineligible compal regulatory approval process; compounding pharmacies that manufacture pors; diagnostic labs that sell proprietary products; growers, distributors, marents; manufacturers of health-related wearable products; pharmaceutical cost, reagent manufacturers or sellers. neligible companies are considered to have unresolvable financial relationsh	ds. unies; bio-medical startups that roprietary compounds; device nufacturers or sellers of medical mpanies or distributors;	

participating as planners and/or faculty, and must not be allowed to influence or control any aspect of the planning, delivery or

evaluation of accredited continuing education, except in limited circumstances outlined in standard 3.2.

YOUR RESPONSE IS REQUIRED TO THE FOLLOWING ITEMS Q1: In the past 24 months, have you had any financial relationships with any ineligible companies? Financial relationships may include: employee, research, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role and ownership interest including individual stock or stock options. 7 YES ٦no If you indicated YES and you have/had a relationship with an ineligible company in the past 24 months, please provide details below: Has the Name of ineligible company Nature of the Financial Relationship Relationship ended? Ex: Pharmaceutical Company X Consultant No Q2: Content Validity & Educational Materials As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
- Ensure that, if there is a range of evidence, that the credible sources cited present a balance view of the evidence.
- If clinical recommendations will be made, include balanced information on all available therapeutic options.
- Address any potential risks or adverse effects that could be caused with any clinical recommendations.
- Educational materials that are part of accredited education (slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.

corpo	orate or product logos, trade nam	es, or product group messages.	
	☐ I agree	☐ I do not agree	Please contact me to discuss
	Q3: Off-Label & Practice Prom	otion	
oromoting	topics. These areas need to be the responsibility of accredited	on is an appropriate place to discuss, deb clearly identified as such within the prog providers to facilitate engagement with et, adequately based on current science,	gram and individual presentations. It is these topics without advocating for, o
		free of marketing or sales of products or erve their professional or financial inter	
	☐ I agree	I do not agree	Please contact me to discuss
$\overline{}$	Q4: Attestation		
	I attest that the above informa	ation is correct as of this date of submis	Return completed form to cme@lsuhsc.edu or via fax 504-599-1453