

Rush University

Biographical and Conflict of Interest Form

Title of Educational Activity: _____

Date of Activity: _____

Section 1: Biographic Data

Name: _____

Credentials: MD DO MBBS PhD DNP MSN BSN

PharmD Other _____

Address: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Role in Educational Activity

Select your role in educational activity listed above (check all that apply):

- Course Director *
- Planning Committee Member
- Content Expert/Reviewer
- Faculty/Presenter/Author
- Other _____

***The Course Director is responsible for ensuring adherence to ACCME, ACPE, and ANCC accreditation criteria.**

Section 3: To be Completed by Individuals Who Are NOT Employees of Rush University Medical Center

I am not an employee of RUMC. A current CV will accompany this form to demonstrate my qualifications to participate in planning/presenting this activity.

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Course Director is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during

the planning and implementation phases of an educational activity. If the Course Director has an actual or potential conflict of interest, he or she can excuse himself or herself from the role as Course Director for the educational activity, or have his/her disclosure reviewed by another individual. This individual can be another member of the Planning Committee or a member of IPCE staff.

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

Is there an actual, potential or perceived conflict of interest (relevant financial relationship) for you or your spouse/partner in relation to this activity?

Yes No

If yes, please describe the nature of the conflict of interest. Complete the list below to assist in the description of potential conflicts of interest.

Check all that apply:

- Research grant from _____
- Royalty (describe product and entity) _____
- Stockholder (list commercial interests and products) _____
- Member, Speakers Bureau for _____
- Consultant to _____
- Salary from _____
- Other (describe relationship and commercial entity) _____

All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing education activity.

Section 5: Adherence to FDA Guidelines

FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT

FDA guidelines require that any discussions regarding the utilization of FDA approved drugs or devices must be within approved regulations. If you discuss the utilization of FDA drugs or devices that are outside approved regulations, you must clearly delineate this for your audience.

Yes, I have read and agree to abide by FDA regulations regarding FDA approved uses and regulations of the utilization of drugs and devices.

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature (Required): **Date:** _____

Completed By (Name and Credentials): _____

Section 7: Review and Conflict Resolution (to be completed by Course Director)

Select one:

I have reviewed this disclosure and the above named individual has disclosed no relevant conflict of interest. (Sign the form below.)

I have reviewed this disclosure and the above named individual has disclosed a relevant conflict of interest. The procedures used to resolve conflict of interest or potential bias for the above individual for this activity include (Check all that apply, then sign the form below.):

Reviewed the individual's disclosed conflict and determined that it is not relevant to his/her role in the educational activity.

Removed individual with conflict of interest from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding credit for a portion of the educational activity.

Undertaking review of the planning process of the activity, including selection of topics/speakers based on the best available evidence.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias.

Monitoring the educational activity to evaluate for commercial bias in the presentation.

Reviewing participant feedback to evaluate for commercial bias in the activity.

Other - Describe: _____

Course Director Signature (*If form is for the activity Course Director, an individual other than the Course Director must review and sign.)

An "X" in the box below serves as the electronic signature of the Course Director or other individual reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature (Required): **Date:** _____

Course Director/Reviewer Name and Credentials: _____

***Commercial interest**, is defined as any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients. Providers of clinical service directly to patients are not considered commercial interests unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

For the purposes of continuing education in the health professions, an organization is NOT a commercial interest organization if it is:

- A government entity;
- A non-profit (501-C) organization;
- A provider of clinical services directly to patients, including but not limited to for-profit hospitals, health care agencies, group medical practices, rehabilitation centers, nursing homes, blood banks, and diagnostic laboratories;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A *non-healthcare* related entity whose primary mission is *not* producing, marketing, selling or distributing health care goods or services consumed by or used on patients;
- Liability insurance providers;
- Health insurance providers.

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, 2014 (www.accme.org). This definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities, and consistency with the ACCME, ACPE, and ANCC definitions.)

****Relevant relationships**, is defined as relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.