**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

 [ ]  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 ANCC and ACCME 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 6: 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.

Procedures used to resolve conflict of interest or potential bias for the above individual for this 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 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, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

[ ]  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, AND 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, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

* A government entity;
* A non-profit (503(c)) organization;
* A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
* 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 or selling or distributing health care goods or services consumed by or used on patients.
* Liability insurance providers
* Health insurance providers
* Group medical practices
* Acute care hospitals (for profit and not for profit)
* Rehabilitation centers (for profit and not for profit)
* Nursing homes (for profit and not for profit)
* Blood banks
* Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org). ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

**\*\**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.