

**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
RSS DISCLOSURE FORM**

In accordance with ACCME Standards for Commercial Support for physician *AMA PRA Category 1 credit(s)TM*, UMMC requires any persons in position to control the content of this activity (such as activity planners, speakers, moderators, course directors) to disclose information regarding relevant financial relationships with any commercial interest in the 12-month period preceding the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Should it be determined that a conflict of interest exists as a result of a financial relationship you may have, you will be contacted and methods to resolve the conflict will be discussed with you. In addition, disclosures must be revealed at the beginning of the presentation. Failure or refusal to disclose will result in disqualification from being an activity course director, planning committee member, a speaker, or moderator and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.

If you have a relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, and/or your presentation describes the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage, it is your responsibility to disclose this information to the learner preceding your presentation. If you have no disclosures to make, this should also be made known to learners.

Title and Date of Activity: _____

Name and Degree: _____

Title of Presentation(s) (if applicable): _____

Check all applicable roles you will fulfill in the activity:

- Speaker/ Presenter Author Faculty Activity Director Activity Planner Activity Moderator
 Content Expert Content Validation Reviewer Other, please indicate role _____

Read the following statements carefully, answer, sign and date the form.

1. To the best of your knowledge, have you and/or your spouse/partner, or your affiliated institution(s) received anything of value or have an interest or other relationship in the last 12 months that creates a perceived direct or indirect conflict of interest relevant to this educational activity?* Yes No
2. To the best of your knowledge do you and/or your spouse/partner, or your affiliated institution(s) have any financial relationship with an entity that manufactures, markets, resells or distributes healthcare goods or services, products, or devices that is relevant to this educational activity?* Yes No
3. To the best of your knowledge do you and/or your spouse/partner, or your affiliated institution(s) have any financial relationship with any commercial interest* relevant to this educational activity? Yes No

If you answered yes to any of the above, please list the relevant manufacturer(s) and/or commercial supporter(s) below and describe the nature of the relationship.

<u>Name of Commercial Interest</u>	<u>Financial Relationship</u>
(Example: ABC Pharmaceuticals)	Research Support
(Example: DEF Manufacturer)	Stock Ownership Interest

* The ACCME defines a Commercial Interest as any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical services directly to patients to be commercial interest-unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest. (www.accme.org)

By signing this form, you indicate that you will comply with the disclosure policies stated herein.

Signature _____

Date: _____

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