



MICMT Statewide Trainer Financial Disclosure Form

Adapted from the Ohio Nurses Association; Based on Standards for Integrity and Independence in Accredited Continuing Education

Section 1: To be completed by MICMT approved Statewide Trainer

First and Last Name:

Credentials:

Physician Organization/Organizaton:

Title of Course(s) I deliver (Check all that apply)

My Role in this Educational Activity: (Check all that apply)

Introduction to Team-Based Care

Faculty/Presenter/Author

Patient Engagement

Other Planning Committee Member

Introduction to Palliative Care

Foundational CM Codes and Billing

Section 2: To be Completed by MICMT approved Statewide Trainer who May Control Educational Content

Please disclose all financial relationships that you have had in the **past 24 months** with **ineligible companies** (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is **no minimum financial threshold**; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose **all financial relationships regardless of the potential relevance** of each relationship to the education.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
<p>An ineligible company is an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit www.accme.org/standards</p>	<p>Examples include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest). Individual stocks and stock options MUST be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies MUST be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>

In the past 24 months, I have not had any financial relationships with any ineligible companies.

I attest the above information is correct as of the date of submission. Date of Submission: Form is Valid 3/28 /2022 - 3/28/2023