

MICMT Disclosure Form for Financial Relationships with Ineligible Companies

Why Are We Collecting This Information?

We require your assistance to comply with continuing education (CE) guidelines and help us create high-quality accredited CE that serves the needs of patients and the public, is based on valid content, and is free from commercial influence.

What Do You Need to Disclose?

You must disclose **all financial relationships with ineligible companies** within the last 24 months**. Please disclose **all financial relationships regardless of whether or not you view the relationships as relevant to the accredited CE activity**. MICMT Staff will determine if the information that you provide is relevant to the topics of the activity in which you will participate.

How Will MICMT Staff Use This Information?

Your completed disclosure form will be reviewed in relation to each CE activity in which you are involved. If MICMT staff determines that the financial relationships create a conflict of interest for the content you are involved with, an appropriate method of mitigation will be initiated. Mitigation may involve, but is not limited to, requests for additional information and/or peer review of content.

Prevention of Commercial Bias

Accredited CE must be free of marketing or sales of products or services. **Faculty must not actively promote or sell products or services that serve their professional or financial interests during the accredited CE.**

It is expected that the content or format of accredited CE activities will **promote improvements or quality in healthcare and NOT a specific proprietary business interest of an ineligible company.** *

*Ineligible Company is defined as any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or seller

This section must be completed by the individual who may be in a position to control the educational content of a CE activity.

Name and Credentials:

Organization:

Position/Job Title:

Email

Within the past 24 months, have you received financial support (in any amount) from an ineligible company?

Yes

No

Types of Financial Relationships Defined:

Employee: Individual hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ownership: Individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Individuals who own stock (not through a mutual fund or pension plan) in privately held ineligible companies are considered owners or employees.

Stock: Individuals who own stock in publicly traded ineligible companies. An individual who holds stock options in an ineligible company is not considered an owner or employee of that ineligible company.

Attestation

I have provided all financial relationships I have/have had within the last 24 months. I am aware that these relationships will be reviewed mitigated and disclosed to learners as needed.

Yes

No

I understand that my presentation/content may need to be reviewed in advance and I will provide educational content and resources as requested.

Yes

No

I agree that the education I am involved with will be fair and balanced and that any clinical content will support safe, effective patient care.

Yes

No

I will NOT promote, market, sell products or services of an ineligible company, or for my own professional or financial interests - AND - I will not include any corporate or product logos or product group messaging in my educational materials (including presentation slides, handouts, disclosures, etc.).

Yes

No

If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.

Yes

No

I have not and will not accept any honoraria, payments or reimbursements directly from an ineligible company for my participation in this activity.

Yes

No

I attest that the above information is correct as of this date of submission (sign below)

Type your full name to sign:

Date: