

**The Johns Hopkins University School of Medicine
Speaker Disclosure Form for CME Activities**

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), The Johns Hopkins University School of Medicine Office of Continuing Medical Education (OCME) requires written, signed disclosure of the existence of relevant financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by OCME. Individuals who refuse to disclose relevant financial relationships or refuse to attest to the statements at the end of this form will be disqualified from all aspects of associated CME activities.

[Frequently Asked Questions](#)

[Policy on Speaker Disclosure of Relationships with Industry](#)

Please return this form by fax to 443.224.9553 or by email to bouimet1@jhmi.edu

Name:

Activity #:

Activity Date:

Activity Title:

List the title(s) of your presentation(s) for this activity and mark **YES** or **NO** to indicate whether you, your spouse/partner or any immediate family member **have had in the last 12 months** or **expect to have** in the upcoming months, any financial relationship or gift-in-kind with industry that is **relevant to the subject matter** of the presentation.

Presentation Title(s)	Relevant Relationship(s)?	Yes	No
#1		<input type="checkbox"/>	<input type="checkbox"/>
#2		<input type="checkbox"/>	<input type="checkbox"/>
#3		<input type="checkbox"/>	<input type="checkbox"/>

If you have more than 3 presentations, list the additional titles on page 2.

If you answered YES to any of the presentations above, complete the chart below to list relevant financial relationship(s) or gift(s)-in-kind you, your spouse/partner or immediate family member has or expects to have:

Financial relationships include, but are not limited to, the following:

- **Consultant/Advisor**
- **Honorarium**
- **Grant/Research Funding ***
(Principal Investigator or named in the grant)
- **Patent Royalty / Intellectual property rights**
- **Ownership Interest** (equity, stock options or directly purchased stock excluding mutual funds)
- **Speakers' Bureau**
- **Paid member of Committees, Panels or Boards**
- **Employment/Salary**
- **Other** (please explain relationship)

Type of Financial Relationship (refer to list above)	Name of company (enter each company on a separate line)	Funds paid to:	Funds not yet received	Relevant to which title(s)?
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#

If you have additional relevant relationships, list them on page 2.

*Grants to investigators at The Johns Hopkins University are negotiated and administered by the institution that receives the grants, typically through the Office of Research Administration. Individual investigators, who participate in the sponsored project but are not directly compensated by the sponsor, may receive salary or other support from the institution to support their effort on the project(s) and must report that relationship.

Please submit by

Presentation Title(s)		Relevant Relationship(s)?	Yes	No
#4			<input type="checkbox"/>	<input type="checkbox"/>
#5			<input type="checkbox"/>	<input type="checkbox"/>
#6			<input type="checkbox"/>	<input type="checkbox"/>
#7			<input type="checkbox"/>	<input type="checkbox"/>
#8			<input type="checkbox"/>	<input type="checkbox"/>
#9			<input type="checkbox"/>	<input type="checkbox"/>
#10			<input type="checkbox"/>	<input type="checkbox"/>

Additional Financial Relationship(s) *if applicable*

Type of Financial Relationship <i>(refer to list on prior page)</i>	Name of company <i>(enter each company on a separate line)</i>	Funds paid to:	Funds not yet received	Relevant to which title(s) above?
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#

Attestation

My recommendations involving clinical medicine in this CME activity will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

By typing or signing my name below, I hereby attest that the information provided in this document is legitimate and true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

FOR CME OFFICE USE ONLY: Conflict Resolution (if applicable)...				
		Date	Initials	Comments
Level 1	Disclosure			
Level 2	Peer Review			
Level 3	Other _____			