



REACHBF CME ACTIVITY COMMITTEE | DISCLOSURE and CONTENT VALIDATION DECLARATION

It is the policy of the REACH Burn Foundation (“REACHBF”) to ensure balance, independence, objectivity, and scientific rigor in all its individually or jointly provided CME activities. Activity Directors and presenters participating in REACHBF sponsored CME activities are expected to disclose to the REACH Burn Foundation CME Activity Committee (“CMEAC”) and activity learners any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CME activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this declaration is to identify, during the activity planning stage, any relevant financial relationship posing a potential conflict of interest that you or your spouse/domestic partner have, or have had within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse/domestic partner that you are aware of to be yours. Any potential conflict should be identified openly so that the CMEAC, Activity Director and presenter(s) can resolve the conflict of interest.

NAME: _____ **AFFILIATION:** _____

ACTIVITY TITLE: _____ **ACTIVITY DATE:** _____

TOPIC (IF PRESENTER): _____

ROLE: ACTIVITY DIRECTOR CMEAC MODERATOR PANELIST PLANNING COMMITTEE PRESENTER

I reviewed the policy for managing conflicts of interest and agree to report any actual or potential conflict of interest.

I reviewed the policy on content validation and agree to present valid content that is accepted within the profession of medicine as adequate justification for these indications and contraindications in the care of patients.

Disclosure is required to inform course participants that an off-label drug use or an investigational device will be discussed. Do you plan to discuss off-label uses of medications or investigational devices during your presentation?

Yes No N/A If yes, please describe: _____

I agree to state in my presentation(s) that I am referencing unapproved drug or devices. N/A

I/my spouse/domestic partner do not have any relevant financial relationships with any commercial interests.

I/my spouse/domestic partner have the following relevant financial relationships.

NATURE OF RELEVANT FINANCIAL RELATIONSHIP(S)

Current or Ended	Name of Commercial Interest (i.e. ABC Company)	Role with Commercial Interest (e.g. Speaker)	Type of Financial Relationship (i.e. what was received)

Will any of the relationships identified in the chart above cause the information about healthcare products and services in the CME content you control to be commercially biased? Yes No N/A

(Type in your name to electronically sign)

Signature

Today’s Date



CONTINUING MEDICAL EDUCATION | PRESENTER HIPAA COMPLIANCE FORM

PRESENTER'S NAME: _____

ACTIVITY DATE: _____

ACTIVITY TITLE: _____

PRESENTATION TITLE: _____

FROM: REACHF CME ACTIVITY COMMITTEE _____

RE: HIPAA COMPLIANCE AND CME ACTIVITY MATERIALS _____

The Health Insurance Portability and Accountability Act (HIPAA) states that patient records and photos used in teaching must be stripped of all “direct identifiers” such as name, address, social security number, patient ID number, identifiable photographic images, etc., or that you have written authorization from the patient to use their directly identifiable health information for this purpose. The REACHF CME Activity Committee (“CMEAC”) requires you, as a presenter participating in a CME activity, to verify by way of your signature below that your presentation materials meet these HIPAA standards. Presentation materials include, but are not limited to, handouts, slides, PowerPoint presentations, videos and reproductions of journal articles. Please feel free to the CMEAC if you have any questions or need additional information. Once signed, please return this form to the CMEAC. Thank you for your participation and cooperation.

I verify I am in compliance with the HIPAA standards to protect the privacy of the patients discussed in my CME Activity(s). I have either received written authorization from the patient, removed any identifiable images or patient records from my presentation, or my presentation does not pertain to patient treatment.

(Type in your name to electronically sign)

Presenter's Signature

Today's Date

R.E.A.C.H. CME ACTIVITY COMMITTEE | DISCLOSURE and CONTENT VALIDATION DECLARATION

EXAMPLE TERMINOLOGY

- **What was received?** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.
- **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).

GLOSSARY OF TERMS

- **Commercial Interest:** The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
- **Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.
- **Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
- **Relevant Financial Relationships:** ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of 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.