

The Waterbury Hospital  
Waterbury, Connecticut

Continuing Medical Education Program  
Disclosure Declaration for Speakers

Speaker Name: \_\_\_\_\_ Conference Name \_\_\_\_\_

Topic: \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of Waterbury Hospital's Continuing Medical Education to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty participating in any Waterbury Hospital sponsored activities are expected to disclose to the audience, prior to the conference, whether there is or is not a financial relationship or any real or apparent conflict(s) of interest that may have a direct bearing on their presentation. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other organizations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict from making a presentation, but to ensure that any potential conflict be identified openly so that the listener may form their own judgments about the presentation. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented. Products or promotional material of any type is prohibited in or during the CME activity. Educational materials that are part of a CME activity, i.e., slides, abstracts or handouts, cannot contain any advertising, trade name or product group message.

An apparent conflict of interest exists with a for-profit commercial organization (FPO) when the speaker is: a paid consultant, scientific advisory committee member, or member of its Speaker's Bureau, an Officer, board member, trustee, owner, employee, or a significant stock, bond, stock option or self-directed pension plan holder (investments entirely managed by a third party such as mutual funds and certain pension plans are excluded); a recipient of grant monies or contracts from the FPO, or is in some other way receiving significant financial benefit.

No, I have/had no relevant personal financial relationship.  
 Yes, I have/had both a personal financial relationship with a commercial interest and will control educational content about the products of the commercial interest. If yes, provide information for each type of relationship.

Type of personal financial relationship	Name of Company(ies) whose products will be discussed	Relationship Status	
		Ended	Current
Consultant			
Speaker's Bureau			
Grant/research support (principal investigator or working directly for company(ies) agent			
Stock shareholder			
Other			

I verify that the information provided is true and accurate.

Signature of Speaker: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
 Resolution: If current conflicts of interest are present, this will be completed by CME representative.  
 To assure independence and balance of content, conflicts of interest were resolved by:  
 Peer review  Individual ended relationship  Selection of an alternative speaker  
 Omitting recommendations for specific products  Recommendations based on structured review for best evidence  
 Other \_\_\_\_\_

Signature of Waterbury Hospital Representative \_\_\_\_\_ Date \_\_\_\_\_

The Waterbury Hospital C M E Conference Request Form

Please complete this form to request CME credits for a new conference. This form, the Disclosure form signed by each speaker, a copy of the CME announcement and letter sent to speaker must be submitted prior to the conference or continuing medical education credits will not be awarded. For annual approval of an existing educational conference, complete this form and return to the Medical Staff Services Department.

Name of Conference \_\_\_\_\_ Name of Speaker \_\_\_\_\_

Topic \_\_\_\_\_

Target audience for whom the activity is designed: \_\_\_\_\_

Instructional content and/or expected learning outcomes in terms of knowledge, skills, and/or attitudes.

Needs Assessment: The need for this program was determined by the following: \_\_\_ Suggestion by department members \_\_\_ Survey of Medical Staff \_\_\_ Education subsequent to QI Findings \_\_\_ M & M findings \_\_\_ Needs assessment \_\_\_ Department based activities (new standards, equipment, procedures) \_\_\_ Patient safety issue \_\_\_ Other

Date(s)/day(s) conference held \_\_\_\_\_ (weekly, monthly)

Hours of Credit \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Meeting Room \_\_\_\_\_

Educational Objectives:

- 1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_

Commercial support or other potential conflicts of interest? \_\_\_ No \_\_\_ Yes If yes, name of company or nature of other potential conflict of interest and amount of grant provided:

If yes, method to relate commercial support or conflict of interest to audience: \_\_\_ CME announcement brochure \_\_\_ Registration display table (if yes, table cannot be located in conference room) \_\_\_ Verbal announcement \_\_\_ Other

Instructional materials available to physicians \_\_\_ Handouts \_\_\_ Bibliography \_\_\_ Other \_\_\_ No handouts

Contact Person \_\_\_\_\_ Tel # \_\_\_\_\_

Forward CME conference evaluation form from each attendee to the Medical Staff Services Department in order to award CME credits.

The Waterbury Hospital is accredited by the CSMS to sponsor CME for physicians. The Waterbury Hospital designates this educational activity for a maximum of \_\_\_ credit(s) toward the AMA P R A Category 1 Credit(s)™. Physicians should claim only credits commensurate with the extent of their participation in the activity.

Conference approved for CME for physicians Yes No

Steven Schneider, MD \_\_\_\_\_ Approval Date \_\_\_\_\_

OR David Podell, MD \_\_\_\_\_ Approval Date \_\_\_\_\_

CME request form Revised

The Waterbury Hospital  
Waterbury, Connecticut

C M E Worksheet

Date of Presentation

Title of Presentation

Full Name/Degree of Speaker

Affiliation

Affiliation Title

Social Security Number for honorarium

Target audience for whom the activity is designed

Educational Objectives: (at least 3)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Commercial support or other potential conflicts of interest

Instructional content and/or expected learning outcomes in terms of knowledge, skills and/or attitudes:

Audio/Visual

References