



### Planning Committee Disclosure Form

As a provider of Category 1 Continuing Medical Education and/or nursing contact hours, the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) must assure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. All individuals who participate in sponsored activities, including activity directors and members of planning committees, are expected to disclose any significant relationships that may pose a conflict of interest with the principles of balance and independence. The following questionnaire will help to evaluate potential conflicts of interest among activity directors and members of the \_\_\_\_\_ activity planning committee.  
(FILL IN NAME OF ACTIVITY)

Name: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

Check any commercial, financial, research relationships, or interests within the past 12 months **you, your spouse, or an immediate member of your family**, have that might affect your independent involvement in the planning of the proposed CME activity. Consider also, and check, if an organization you have an affiliation with might benefit from the subject of the proposed CME activity.

Type of Affiliation/Financial Support	Disclosure	Name of Commercial Organization
Grants/Research Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Consultant/Speaker Bureau	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Advisory Board Membership	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stockholder (Not as part of Mutual Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Honorarium Recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Editorial Board Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Financial Material Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I have no relationships to disclose

Does your educational unit have a financial interest or affiliation with an organization that may receive direct benefit from the subject of the proposed CME activity?  Yes  No

Describe: \_\_\_\_\_

Will you personally be compensated for your role in the planning or execution of this proposed CME / CEU activity by an organization other than \_\_\_\_\_ ?  Yes  No  
(FILL IN NAME OF JOINT SPONSOR)

Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in the planning of the proposed CME / CEU activity. However, the Accreditation Council for Continuing Medical Education (ACCME) policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict. Your signature below attests to the integrity of the CME / CEU planning process and assists in allowing \_\_\_\_\_ to offer educational  
(FILL IN NAME OF JOINT SPONSOR)

activities balanced, independent, objective, and that conform to scientific rigor. Your signature below attests the information provided above is true to the best of your knowledge and belief.

Signature: \_\_\_\_\_

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