



Speaker DISCLOSURE OF RELATIONSHIPS

Identifying and Resolving Conflicts of Interest in Continuing Medical Education

The ACCME requires that any person in a position to influence or control content of a CME activity must disclose all relevant financial relationships with ineligible companies or commercial interests. All Conflicts of Interests must be identified and resolved prior to the CME activity. Please submit before the activity for review and to allow for resolution of conflict of interest. Refusal to disclose relationships per policy prohibits participation as a speaker in a CME activity.

Activity Title: American Correctional Association 154th Congress of Correction

Activity Date: August 15- 18, 2024

Name: _____

Presentation Title: _____

Ineligible Companies: Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial Interest: Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exception of non-profit, government organizations and non-health care related companies.

Relevant Relationship: A financial relationship is “relevant” if it pertains to the activity’s content matter including any related health care products or services to be discussed or presented. If a conflict of interest exists it must be resolved. Relevant financial relationships or the lack of such relationships will be disclosed to learners prior to the beginning of the educational activity.

Please indicate your role in activity: (Check all that apply) Presenter Planner Course Director Moderator

1. In the past 24 months have you or an immediate family member had any financial relationships with an ineligible company or commercial interest that have a direct bearing on the subject matter of the CME activity?

Yes (if yes please complete table below) No

Type of Affiliation/ Financial Interest	Name(s) of Ineligible Company(s) and/or Commercial Interest(s)	Relationship (check one)	
		Active	Terminated
Advisory Board or Panel		<input type="checkbox"/>	<input type="checkbox"/>
Consultant		<input type="checkbox"/>	<input type="checkbox"/>
Grants/Research Support		<input type="checkbox"/>	<input type="checkbox"/>
Other Financial or Material Support (royalties, patents, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Salary, Contractual Services		<input type="checkbox"/>	<input type="checkbox"/>
Speaker’s Bureau		<input type="checkbox"/>	<input type="checkbox"/>
Stock/Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>

2. If you have relevant relationships, do you feel you are able to present the content of the CME activity in a fair and unbiased manner? (Faculty /Author only) Yes No

3. I attest that I am **not** receiving direct payments from an ineligible company or commercial interest with respect to this activity. Yes No

Content Validation:

My recommendations involving clinical medicine in this CME activity will be 1) based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients, 2) 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.

If requested I will submit my presentation for review at least 10 days prior to the CME activity.

Signature: _____ **Date:** _____

By checking this box and typing my name and date in the signature line above, I am providing my electronic signature approving all the information entered above.