

## Full Disclosure Statement Form

KANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (KAAP) (revised 1/15/2015)

As a provider accredited by the Kansas Medical Society, the KAAP is required to identify **and resolve** all potential conflicts of interest with any individual in a position to influence and/or control the content of CME activities.

### Definitions:

**Commercial Interest:** A commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The KMS does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for KMS or ACCME accreditation.

**Conflict of interest:** Financial relationships that create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products and services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**Relevant Financial Relationships:** Anyone in control of CME content must disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. A *relevant financial relationship* is defined as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. Any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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.

All individuals in a position to influence and/or control the content of KAAP directly and/or jointly provided CME activities are required to disclose relationships with a commercial interest if **both** (a) the relationship is financial and occurred within the past 12 months **and** (b) the individual has the opportunity to affect the content of CME about the products or services of the commercial interest.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check:** \_\_\_\_\_ Planning Committee \_\_\_\_\_ Staff \_\_\_\_\_ Faculty \_\_\_\_\_ Author \_\_\_\_\_ Editorial Board

**E-mail:** \_\_\_\_\_ **Clinical/Non-Clinical Topics:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

All disclosure information provided to the KAAP will be reviewed to ensure that no conflicts of interest exist prior to the confirmation of the individual for the educational assignment.

*Please mark below to show that you have either (1) no relevant financial relationships or (2) financial relationships and complete the Relevant Financial Relationships Section.*

### DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM - (mark one)

1. \_\_\_\_\_ No, neither I nor my spouse/partner has a financial relationship or interest (currently or within the past 12 months) with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

#### OR

2. \_\_\_\_\_ Yes, I have or \_\_\_\_\_ (spouse/partner name) has a financial relationship or interest (currently or within the past 12 months) with a entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients related to the content of this CME activity. The financial relationships are identified as follows (if needed, attach an additional list):

| Commercial Interest<br>(entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.) | RELEVANT FINANCIAL RELATIONSHIPS RELATED TO YOUR CONTENT<br>(check all that apply) |                  |                                      |            |                  |
|--|--|------------------|--------------------------------------|------------|------------------|
|  | Research Grant (including funding to an institution for contracted research)       | Speakers' Bureau | Stock/Bonds (excluding Mutual Funds) | Consultant | Other (Identify) |
|  |  |                  |                                      |            |                  |
|  |  |                  |                                      |            |                  |

I have read and will adhere to the *KAAP Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest for KAAP CME Activities*. I understand that failure or refusal to disclose will require the KAAP to identify a replacement. I will uphold KAAP Standards to insure balance, independence, objectivity and scientific rigor in my role in the planning or presentation of this CME activity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(A typed name will serve as my signature.)