

UConn Physician Faculty Learning from Teaching Medical Students, Residents and Fellows

CME Financial Relationships Disclosure Form

CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS AND USE OF ARTIFICIAL INTELLIGENCE

The UConn School of Medicine requires transparency from all individuals involved in the planning, implementation, evaluation, or delivery of accredited Continuing Medical Education (CME) activities, including speakers, planners, faculty, peer reviewers, activity directors, administrators, and others who control educational content. Completion of this disclosure form is required for each CME activity as a condition of participation to protect the integrity of accredited continuing education and to comply with the ACCME Standards for Integrity and Independence. Financial relationships held by a spouse or domestic partner are considered those of the individual.

Disclosure of Financial Relationships: In accordance with ACCME requirements and UConn CME guidelines, individuals who influence CME content must disclose all financial relationships with ineligible companies. An **ineligible company** is any entity that produces, markets, sells, re-sells, or distributes healthcare products or services used by or on patients. Financial relationships include, but are not limited to, employment, consulting, advisory roles, speaking engagements, research funding, independent contracting, royalties or patent interests, executive roles, and ownership interests. Individual stocks and stock options must be disclosed; diversified mutual funds do not require disclosure. Research funding must be disclosed by the principal or named investigator, even if funds are managed by the institution. Divested relationships must be disclosed for 24 months. Relationships with government agencies or other eligible organizations do not require disclosure.

Disclosure of Artificial Intelligence (AI) Use: Individuals must disclose whether artificial intelligence (AI) tools were used to create or modify any CME content, including presentations, educational materials, analyses, or assessments. Routine spelling or grammar checks do not require disclosure. All AI-assisted content remains subject to the same standards for accuracy, scientific validity, balance, and independence as content created without AI.

Compliance: Failure or refusal to provide complete and timely disclosure will result in disqualification from participation in, and exclusion from planning or implementing, accredited CME activities.

Questions: may be directed to cme@uchc.edu.

To be completed by individuals who control educational content (speakers, planners, faculty, or others): Please disclose all financial relationships that you, your spouse, or your domestic partner currently have or have had within the past 24 months with ineligible companies (see definition below). For each relationship, list the ineligible company and the nature of the relationship. There is no minimum financial threshold. All **financial relationships** must be disclosed regardless of amount or perceived relevance to the CME content. Please also indicate whether you used **artificial intelligence (AI) tools** in the creation or modification of any content for this CME activity, including presentations, educational materials, analyses, or assessments. *Routine spelling or grammar checks do not require disclosure.*

Your Name:

Institutional Affiliation:

Name of CME Activity: **UConn Physician Faculty Learning from Teaching Medical Students, Residents, and/or Fellows**

Date(s):

My Role in the CME Activity:

☒ **Self-directed Learner in Learning Associated With Teaching**

Part 1: Do you, a spouse, or partner currently have (or within the past 24 months had) a financial relationship with one or more ineligible companies (commercial interests) that relate in any way to this CME activity?

☐ **No** – In the past 24 months, neither I nor my spouse or partner have had any financial relationships with any ineligible companies.

☐ **Yes** – In the past 24 months, I and/or my spouse or partner have had a financial relationship with one or more ineligible companies.

If yes, please complete this section below:

Name of Person with Financial Relationship (self, spouse, partner):

Enter the Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Example: ABC Company	Consultant	☒
		☐
		☐
		☐
		☐
		☐
		☐
[insert more rows if needed]		☐

Part 2: Will you be presenting/speaking on any off-label, unlabeled, or investigational use of products or devices? (Your presentation **CANNOT** include any discussion/mention of any direct name of products, services, and/or devices of any companies defined as an [ineligible company](#). Only discussion of off-label, unlabeled, or investigational use of any products, services, or devices in a general or board sense is allowed.)

☐ **No**

☐ **Yes** - if yes, please list all the products or devices that will be discussed as off-label, unlabeled, or investigational use of products or devices.

Part 3: Did you use artificial intelligence (AI) tools in the creation, drafting, editing, or design of your session content, slides, or handouts? (Routine spelling or grammar checks do not require disclosure.)

☐ **No**

☐ **Yes** - if yes, please briefly describe as applicable which AI tools were used, purpose of use, how you verified the accuracy, appropriateness of AI-generated content, and confirmation that no patient-identifiable information was entered into AI tools.

Participant Attestation: I attest that the information provided is accurate as of the date of submission. I am aware of the educational objectives of this activity and agree to comply with UConn CME and ACCME guidelines. I understand that my presentation must be evidence based, balanced, and free of bias toward any ineligible company. I will disclose any changes in my relevant relationships with the activity director prior to the presentation. I acknowledge that UConn CME will disclose this information to participants and reserves the right to review my educational materials. My presentation will present a balanced view of therapeutic options. Any discussion of off-label, unlabeled, or investigational uses will be clearly identified as such. I will use generic medication names whenever possible and will include trade names from multiple companies when used. In addition, I confirm that any AI-generated content used in the development of this presentation has been reviewed, fact-checked, and edited by me to ensure accuracy, balance, and consistency with current evidence-based medical knowledge. No protected health information (PHI) or confidential patient data was entered into any AI system. The final educational content complies with ACCME Standards for Integrity and Independence.

Participant's Signature: _____

Date: _____

* Typed signatures will not be accepted, please use a hand signature or another form of formal electronic signatures (such as PDF certified signatures).

IMPORTANT: Send Completed Faculty Disclosure Form With Your Claim Form Submission

ACTIVITY DIRECTORS ONLY
PLEASE COMPLETE SECTIONS BELOW

Review all submitted disclosures of financial relationships for prospective planners, faculty, and others who control educational content. Individuals who are **owners or employees of ineligible companies must be excluded** from participation in planning or teaching accredited CME activities. Ineligible companies are defined as those whose primary business involves producing, marketing, selling, selling, or distributing healthcare products used by or on patients. For permitted exceptions to this exclusion, refer to the ACCME Standards for Integrity and Independence (accme.org/standards).

Review disclosures regarding the use of artificial intelligence (AI) in the development of educational content. Confirm that any AI-generated content has been reviewed, edited, and validated by the speaker for accuracy, balance, and consistency with current evidence-based medical knowledge; that no protected health information (PHI) or confidential patient data was entered into AI systems; and that the final educational materials comply with ACCME Standards for Integrity and Independence.

PART 1: Did the person completing this form respond with a [financial relationship](#) with one or more commercial interests (an ineligible company) that relates in any way to this CME activity in the past 24 months?

☐ **No**

☐ **Yes** - If "YES", please select the appropriate mitigation strategy on how you will resolve the conflict of interest. (i.e., what safeguards you will have in place) to prevent the insertion of commercial bias). You will include these statements in the flyer.

Select 1 Choice: MITIGATION STATEMENTS FOR [SPEAKERS](#) (any person presenting, facilitating, moderating ANY content during an activity.)

- ☐ The activity director determined that the financial relationship of the speaker is outside the area of the content of the program.
- ☐ The activity director determined that the financial relationship of the speaker ceased to exist 24 or more months ago.
- ☐ The activity director will restrict the speaker's presentation involvement to areas outside the area of conflict.
- ☐ The activity director peer-reviewed the content of the speaker's presentation assured that no commercial bias exists.
- ☐ Other: (Explain):

Select 1 Choice: MITIGATION STATEMENTS FOR [PLANNERS](#) (any person involved in the activity in a "non-speaker" capacity, activity director, admins, planners.)

- ☐ The activity director determined that the financial relationship of the planner is outside the area of the content of the program.
- ☐ The activity director determined that the financial relationship of the planner ceased to exist 24 or more months ago.
- ☐ The activity director will restrict the planner's involvement to areas outside the area of conflict.
- ☐ The activity director will peer review the planner's decisions by people without relevant financial relationships.
- ☐ Other: (Explain):

PART 2: Did the person completing this form respond presenting/speaking on any [off-label, unlabeled, or investigational use of products or devices](#)?

☐ **No**

☐ **Yes** - If "YES", you are required to ensure that the speaker's presentation **DOES NOT** include any discussion/mention of any direct name of products, services, and/or devices of any companies defined as an [ineligible company](#). Only discussion of off-label, unlabeled, or investigational use of any products, services, or devices in [a general or broad sense is allowed](#). You are required to include this statement in the flyer: Dr. [\[insert speaker's name\]](#) will be discussing an off-labeled, or investigational use of [\[insert product name\]](#).

PART 3: Did the person completing this form respond with using [artificial intelligence \(AI\) tools](#) in the creation, drafting, editing, or design of your session content, slides, or handouts? (Routine spelling or grammar checks do not require disclosure.)?

☐ **No**

☐ **Yes** - If "YES", you are required to ensure that the speaker information is accurate, balanced, and consistent with current evidence-based medical knowledge. No protected health information (PHI) or confidential patient data was entered into any AI system. The final educational content complies with ACCME Standards for Integrity and Independence. You are required to include this statement in the flyer: Dr. [\[insert speaker's name\]](#) has disclosed that AI tools were used in the preparation of this session, and all content has been reviewed for accuracy and compliance by the activity director.

Activity Director Attestation: I attest that I have reviewed this disclosure and confirmed that either no relevant financial relationships were reported within the past 24 months or that appropriate mitigation steps will be implemented in accordance with ACCME Standards. Additionally, I attest that I have reviewed disclosures related to AI use and confirmed that any AI-generated content was appropriately reviewed by the participant and complies with ACCME Standards for Integrity and Independence.

CME Medical Directors' Signature: _____

Date: _____

** Typed signatures will not be accepted, please use a hand signature or another form of formal electronic signatures (such as PDF certified signatures).*