



AANS Disclosure of Financial Relationships

Name _____ Activity/Date _____

ACCME's Updated Standards for Commercial Support requires that anyone in a position to control the content of the education activity has disclosed all financial relationships with any commercial interest (see Glossary of Terms below).

If you indicate on this form that you may have a conflict of interest, you are asked to excuse yourself from any portion of the educational activity where a commercial bias might exist. Please indicate your financial relationships by checking the appropriate box below: (PLEASE NOTE: This disclosure is valid for 12 months...please update as needed). This information will be made available to participants prior to the beginning of any CME activity of which you are a part.

- I do not have any financial relationships with any commercial interests. (Stop and sign below)
I will disclose below the receipt of anything of value from a commercial entity or other party that directly affects the content of any educational activity. Failure to disclose will disqualify me from any discussions where a potential bias could exist. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours (Please continue and sign below)

- List the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner/co-author have, or have had, a financial relationship within the past 12 months. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours.
Clarify what you or your spouse/partner/co-author received (ex: salary, honorarium, stock, etc) specify the company name next to your role with the company below.

Company Name

University Grants/Research Support _____
Industry Grant Support _____
Consultant Fee _____
Stock or Shareholder _____
Honorarium _____
Speaker's Bureau _____
Employee [any industry] _____
Fiduciary Position [of any organization outside the AANS] _____
Other Financial or Material Support _____

Glossary of Terms

Commercial Interest

The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services consumed by, or used on, patients.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Financial relationships

The ACCME defines "financial relationships" as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (i.e., 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 and/or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

Relevant financial relationships

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

Signature _____

Date _____

**Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict will result in the withdrawal of the invitation to participate.

(Please return this form to _____; Fax _____)