



# Baptist Health South Florida

## Continuing Medical Education

CME DISCLOSURE FORM

The Baptist Health South Florida Continuing Medical Education Program, an ACCME accredited CME provider, operates within the framework of the Standards for Commercial Support (SCS) to insure balance, independence, objectivity and scientific rigor in all of its CME activities. Anyone engaged in content development, planning or presentation is obliged to complete this form. Persons who fail to submit this form in a timely manner will not be eligible to participate in these roles.

**Full Name:**

**Date Completed:**

**1. Please select your CME Role(s) AND Events and/or Committee(ies) you participate in.** For CME Role definitions click here: 

CME Role	Event or Committee

**2. Disclosure of Relevant Financial Relationships**

Relevant financial relationships are those in which an individual (including their spouse/partner) in the last 12 months:

- has had a personal financial (any amount) relationship with a commercial interest, defined as any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients; and who
- has control over educational content (planning or presenting) related to the products and/or services of the commercial interest(s).

No, I/we have no relevant personal financial relationships.

Yes, I/we do have a personal financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s). (Provide information below)

**3. Financial Relationships**

If you acknowledge a relevant financial relationship in question 2 then you must list the companies whose products or services will be addressed. Please type companies' names below, and select the financial relationship for each company. If the role is not listed, you can add custom text in any selection. If additional space is needed, you can submit two forms, or send the information as an attachment in your email.

Name of Commercial Interest	Nature of the relationship

**ATTESTATION**

I attest that the information provided above is true and correct.

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

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

**Email Address:** \_\_\_\_\_

NOTE: Email account must be open to be able to submit the form electronically.