

2018 National Share the Experience (NSTE) Disclosure Form

First Name:

Middle Initial:

Last Name:

Credentials:

Professional Title:

Organization/Affiliation:

Email Address:

Optional Biography (up to 150 words):

Consent for Use of Photographs, Videotapes, Recordings & Interview

By signing this document, I

Authorize Respecting Choices®, a division of C-TAC Innovations, Inc., (“Respecting Choices”), a Washington D.C. nonprofit corporation, 600 Third Street North, La Crosse, WI 54601 and its assigned company, permission to record my presentation at the 2018 National Share the Experience Conference. I agree and allow my story, photo image(s), performance, name and/or voice recording(s) (collectively “the material”) to be used, for any commercial, educational, informational, demonstrative, and/or promotional purposes;

Authorize and grant Respecting Choices the unlimited right to use and display the material in the manners described above;

Hereby release Respecting Choices and its staff from any liability resulting from the use and display of the material as described above; and

Agree the material may be retained for an indefinite period in Respecting Choice’s photo libraries for potential future use in programs or projects where it may be applicable.

Signature:	<input type="checkbox"/> <i>By checking this box, I attest that my printed name serves as my signature.</i>
Date:	



Wisconsin Medical Society

Disclosure of Relevant Financial Relationships

Name, credentials and your role: <small>(faculty member/author/presenter/planner/reviewer)</small>	Name w/ credentials: Role:
Content of Activity: <small>(Title and/or summary of content)</small>	
Date(s) of Activity:	

PLEASE COMPLETE PAGES 1 AND 2 OF THIS FORM.

First, list the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of those organizations listed below*, with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. Please see page 2 for Glossary of Terms.

Second, describe what you or your spouse/partner received (ex: salary, honorarium, etc.). The Wisconsin Medical Society does NOT want to know how much you received.

Third, describe your role.

IF THERE ARE NO RELEVANT FINANCIAL RELATIONSHIPS WITH ANY COMMERCIAL INTERESTS, CHECK TOP BOX AND GO TO PAGE 2:

<input type="checkbox"/> I DO NOT have any relevant financial relationships with any commercial interests. Go to page 2.
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<input type="checkbox"/> I HAVE relevant financial relationships with commercial interests as outlined below:
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Nature of Relevant Financial Relationship (include all those that apply)		
Commercial Interest	What was received?	For what role?
<i>Example: Company "X"</i>	<i>Example: Honorarium</i>	<i>Example: Speaker</i>

Example Terminology		
What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit (e.g. travel).	Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).	*Examples of exempt organizations: Most 501-c non-profit organizations (see NOTE), government organizations, non-health care related companies, liability insurance providers, health insurance providers, group medical practices, for-profit hospitals, for-profit rehabilitation centers, for-profit nursing homes, blood banks, and diagnostic laboratories. NOTE: ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are NOT EXEMPT (also not eligible for accreditation in the ACCME system. They cannot serve in role of joint provider but can be a commercial supporter.)

CONTINUED ON PAGE 2

PLEASE BE SURE TO COMPLETE PAGE 2 AND SIGN/DATE THE FORM

Glossary of Terms

Commercial Interest: A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The Wisconsin Medical Society (Society) does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for Society accreditation. Please refer to the box at the bottom of page 1 for “**Examples of exempt organizations.**”

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, 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. The Society considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships: The Society focuses on financial relationships with commercial interests in the twelve-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. The Society 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. The Society defines “relevant financial relationships” as financial relationships in any amount occurring within the past twelve months that create a conflict of interest.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in conflict with the interests of the public. The Society considers financial relationships to create actual 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 or 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.

AGREE	DISAGREE	N/A	
			I have disclosed to the Society all relevant financial relationships, and this information will be disclosed to the learners verbally and/or in print.
			The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
			I have not, and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Wisconsin Medical Society (Society).
			I understand that the Society may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
			If I am presenting at a live event, I understand that a CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
			If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. I will convey the limitations of the content being taught and the severe and most common risks of treatments that are discussed.
			If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
			If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
Signature:			<input type="checkbox"/> By checking this box, I attest that my printed name serves as my signature
Date:			