

 Roger Williams Medical Center CME Program

825 Chalkstone Ave.

Providence, RI 02908

We are pleased that you are able to participate in the educational activity listed below and look forward to your contribution to the continuing professional development of our learners.

**TITLE OF ACTIVITY:**

**DATE OF ACTIVITY:**

**NAME OF FACULTY OR OTHER:**

Roger Williams Medical Center’s Continuing Medical Education program must ensure disclosure to learners of any relevant financial relationships that you may have with a commercial interest or the absence of a financial relationship prior to the start of the activity.

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

**First**, please note below the types of affiliation or financial relationship (e.g., grant recipient, speakers’ bureau, member of advisory committee or review panel, consultant, employee, board member, stock shareholder, or other financial relationship).

**Second**,pleaselist below the names of proprietary entities producing health care goods or services (e.g., pharmaceutical companies and medical device manufacturers) with which ***you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months***. (**Note**: You are not required to report the following exempted entities: providers of direct clinical services, e.g., hospitals, group medical practices, nursing homes; non-profits; government organizations; health insurers; liability insurers; and non-healthcare related companies). For this purpose, we consider relevant financial relationships of your spouse/partner that you are aware of to be yours.

**Affiliation/Financial Relationship Name of Proprietary Entity(ies) Me Partner/Spouse**

**[ ]** Grant/Research Support       [ ]  [ ]

**[ ]** Speakers' Bureau       [ ]  [ ]

**[ ]** Advisory Committee/Board       [ ]  [ ]

**[ ]** Consultant       [ ]  [ ]

**[ ]** Employee       [ ]  [ ]

[ ] Board of Directors       [ ]  [ ]

**[ ]** Stock Shareholder       [ ]  [ ]

**[ ]** Other             [ ]  [ ]

**[ ]** I have no relevant financial relationship to report in the last 12 months with a commercial interest.

[ ]  I attest that my presentations will be free from commercial bias or influence, that any clinical practice recommendations relating to my contribution will be supported by the best available evidence, that absent evidence, will be consistent with generally accepted medical practice and scientific method, and that I will present a balanced view of a reasonable clinical alternative, keeping the public health’s interest at the center of my educational contribution.

**Name: ­­­­­­­­­­­­­­­­­­****Date:**