**Rush University Interprofessional Continuing Education**

**Conflict of Interest Form**

**ALL PLANNING COMMITTEE MEMBERS MUST DISCLOSE BEFORE THE PLANNING FOR THE ACTIVITY BEGINS. ALL PLANNING MEMBERS DISCLOSURE FORMS MUST BE SIGNED AND DATED BEFORE THE PLANNING BEGINS.**

As a perspective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have any questions, please contact our office at [ce\_office@rush.edu.](mailto:ce_office@rush.edu)

Title of Educational Activity: 2024 Illinois Pharmacy Resident Conference

Date of Activity: May 17, 2024

**Section 1: Biographic Data**

Name: Click or tap here to enter text.

Credentials:  MD  DO  MBBS  PhD  DNP  MSN  BSN

PharmD  Other Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Current Employer and Position/Title: Click or tap here to enter text.

**Section 2: Role in Educational Activity**

Select your role in educational activity listed above (check all that apply):

Course Director\*

Planning Committee Member

Teacher/Instructor/Faculty

Author/Writer

Moderator

Reviewer

Other Click or tap here to enter text.

\*The Course Director is responsible for ensuring adherence to ACCME, ACPE, and ANCC accreditation criteria.

**Section 3: To be Completed by Individuals Who Are NOT Employees of Rush University Medical Center**

I am not an employee of RUMC. A current CV will accompany this form to demonstrate my qualifications to participate in planning/presenting this activity.

**Section 4: Conflict of Interest**

All individuals in control of educational content must disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum threshold, we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all

financial relationships regardless of the potential relevance of each relationship to the education.

An **ineligible company** is an entity whose primary business is producing, marketing, selling, re- selling or distributing healthcare products used by or on patients. Examples include:

* Advertising, marketing or communication firms whose clients are ineligible companies
* Bio-medical startups that have begun a governmental regulatory approval process.
* Compounding pharmacies that manufacture proprietary compounds
* Device manufacturers or distributors
* Diagnostic labs that sell proprietary products
* Growers, distributors, manufacturers or sellers of medical foods and supplements
* Pharmaceutical companies or distributors
* Pharmacy benefit managers
* Reagent manufacturers or sellers

Is there a financial relationship with any ineligible entity\* for you in the last 24 months?

Yes  No

|  |  |  |
| --- | --- | --- |
| **Nature of Relationship**- (e.g. employee, researcher, consultant, advisor, speaker, independent contractor, royalties, patent beneficiary, executive role and ownership interest. Individual stock and stock options should be disclosed. Diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed even if the individual’s institution receives the research grant and manages the funds). | **Name of Ineligible Company** | **Has the**  **Relationship now ended?** |
| Employee | Click or tap here to enter text. | Yes |
| Research Grant | Click or tap here to enter text. | Yes |
| Consultant | Click or tap here to enter text. | Yes |
| Independent Contractor | Click or tap here to enter text. | Yes |
| Advisor | Click or tap here to enter text. | Yes |
| Executive Role | Click or tap here to enter text. | Yes |
| Royalty (describe product) | Click or tap here to enter text. | Yes |
| Stockholder/Options (check box if any stock is privately held) | Click or tap here to enter text. | Yes |
| Member, Speakers Bureau | Click or tap here to enter text. | Yes |
| Salary | Click or tap here to enter text. | Yes |
| Other, describe relationship | Click or tap here to enter text. | Yes |

All conflicts of interest, including potential ones, for individuals in control of educational content must be mitigated prior to the planning, implementation, or evaluation of the continuing education activity.

**Section 5: Adherence to FDA Guidelines - Required**

# FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT

FDA guidelines require that any discussions regarding the utilization of FDA approved drugs or devices must be within approved regulations. If you discuss the utilization of FDA drugs or devices that are outside approved regulations, you must clearly delineate this for your audience.

Yes, I have read and agree to abide by FDA regulations regarding FDA approved uses and regulations of the utilization of drugs and devices.

**Section 6: Statement of Understanding**

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

# Electronic Signature (Required): Date: Click or tap here to enter text.

**Completed By (Name and Credentials):** Click or tap here to enter text.

**Section 7: Identification and Mitigation of Relevant Financial Relationships (to be completed by Course Director)**

Step 1: As the course director, do you have any financial relationships with ineligible companies?

Yes, do not complete the rest of the form. Have another member of the planning committee who has no financial relationships complete the rest of the form.

No, continue to step 2

Step 2: Review the collected information on financial relationships. Is the person an owner or employee of an ineligible company.

Yes, contact the office for further instructions.

No, continue to step 3

Step 3: Review disclosure information and determine if the person’s financial relationships are relevant to the content of the program. Select all that apply.

A financial relationship, **in any amount,** exists between the person in control of content and an ineligible company.

The financial relationship existed during the past 24 months.

The content of the education is related to the products of an ineligible company with whom the person has a financial interest.

**Section 8: Conflict Mitigation (to be completed by Course Director)**

Using the list below, identify the mitigation strategy(ies) that will be used to mitigate the relevant financial relationships for the person in control of the educational content of the activity before they assume their role.

|  |  |
| --- | --- |
| Mit igat ion St rategy | |
| **For Planners ONLY** | **For Faculty and Others** |
| * Divest the financial relationship | * Divest the financial relationship |
| * Recusal from controlling aspects of planning (including faculty selections) and content with which there is a financial relationship * Peer review of planning decisions by persons without relevant financial relationships * Use other methods (describe below) | * Peer review of content by persons without relevant financial relationships * Attest that clinical recommendation are evidence-based and free of commercial bias (i.e. peer-reviewed literature, adhering to evidence based practice guidelines) * Use other methods (describe below) |

# Document ALL mitigation strategy(ies) that you used for the relevant financial relationships. Use an additional piece of paper if necessary.

|  |  |  |
| --- | --- | --- |
| **Role in Activity** | **Step(s) Taken to Mitigate Relevant Financial Relationship before they assumed their role (If other, describe)** | **Date Implemented (must be before role is assumed)** |
| *Example: Planner* | *Recusal from topic/faculty selection* | *October 1, 2021* |
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**Course Director Signature (\*If form is for the activity Course Director, another planning committee member must review and sign.)**

An “X” in the box below serves as the electronic signature of the Course Director or other individual reviewing the content of this Biographical/Conflict of Interest Form.

# Electronic Signature (Required): Date: Click or tap here to enter text.

**Course Director/Reviewer Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Hina Patel, PharmD)**

**Staff Notes:**