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**AXIS Medical Education**

**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM**

In the past 24 months with Ineligible Companies

To comply with the Criteria and Standards of Joint Accreditation, AXIS Medical Education, Inc (AXIS) requires all faculty, presenters, speakers, authors, peer reviewers, planners, managers, staff, and freelancers (non-faculty) who are in a position to control content to disclose all personal financial relationships with an ineligible company within the previous 24 months using this document on an annual basis. A relevant relationship that could create a conflict of interest (COI) exists when individuals have both a financial relationship with an ineligible company and the opportunity to affect the accredited continuing education content of an activity that relates to the product or services of that ineligible entity. The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) each hold the provider of accredited continuing education responsible for collecting information from its faculty, presenters, speakers, authors, peer reviewers, planners, managers, staff, and freelancers of CE content, determining the relevance of each relationship, and mitigating relevant relationships prior to participating in the control of any content. The intent of the mitigation process is to ensure that provider, faculty, and planner financial relationships with ineligible companies and resultant potential bias do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

**Criteria for Disclosure of Relevant Financial Relationships**

Faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers who affect the content of a CE activity are required to disclose to AXIS all financial relationships or relationships to products or devices they have with all ineligible entities over the previous 24 months. ***An ineligible company is defined by the ACCME, ACPE, and ANCC as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients****.* For specific examples of ineligible companies visit accme.org/standards*.*

Name of Reporting Individual:       Email address:

Title of CE Activity:

I am a/an:  Chair/Faculty/Author  Planner/Manager  Reviewer  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI Number        I do not have an NPI Number Primary License State      State License Number

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| ***Type of Financial Relationship***  ***WITHIN THE PREVIOUS 24 MONTHS***  Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition above). For each financial relationship, circle the nature of the financial relationship(s) and enter the name of the ineligible company in the middle column). **If your financial relationships change at any time after you complete and sign this form, please notify AXIS immediately.** | ***Indicate Applicable Manufacturer(s)/Company***  ***WITHIN THE PREVIOUS 24 MONTHS***  There is no minimum financial 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.** | **Has the Relationship Ended?**  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the  education staff determine if any  mitigation steps need to be taken. |
| Please circle the financial relationship you engage in with ineligible companies: Serve(d) as a director, officer, partner, advisor, consultant, or trustee for: |  |  |
| Serve(d) as an employee for an ineligible company (e.g., pharmaceutical company): |  |  |
| Serve(d) as a speaker/member of a speaker’s bureau for: |  |  |
| Received research grant from: |  |  |
| Received income in any amount to do \_\_\_\_\_\_\_\_\_\_\_from: |  |  |
| Contracted Research: Only include research funds received directly from industry; grants to your institution are reportable only when you are the person or named investigator on the grant. |  |  |
| Ownership Interest (stocks, stock options, or other ownership interest, *excluding diversified mutual funds*) |  |  |
| Other. Please specify: |  |  |

 In the past 24 months, I have not had any real or apparent financial relationships with any ineligible companies.

I attest that the above information is correct as of the date of submission. Date of Submission:

Signature of Reporting Individual: