**MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS FORM FOR PLANNERS, PRESENTERS, OTHERS**

*This form is used for mitigating the financial relationships of planners, presenters and others prior to the education.*

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| **Activity Name/Date:** |  |
| **Planner/Presenter/Other Name & Disclosure Date:** |  |
| **Reviewer Name** |  |

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| **Reviewer:** Any planner, presenter, or other individual disclosing a relevant financial relationship must be reviewed by the Education Specialist, or if needed, by the Department Chair or Faculty Designee in collaboration with the Office of Continuing Education  The reviewer must complete a Planner/Presenter Disclosure form and must not have a financial relationship relevant to the content. | |
| **Mitigation of Relevant Financial Relationships**  ***Please check all that apply based on the role(s)*** of the individual whose relevant financial relationship is being reviewed. If the individual is both a planner and presenter, please select appropriate options in both columns. | |
| **Reviewer Action:** | |
| **ROLE: PLANNER**  Planner’s decisions were reviewed to ensure absence of commercial bias in the planning process.  Planner has recused himself/herself from controlling aspects of planning and content with which he/she has a financial relationship.  Planner agrees to alter/discontinue financial relationship with ineligible company.  It has been determined that the Planner’s potential financial relationship cannot/will not be resolved in any of the above steps. Therefore, Planner will not be allowed to participate in this educational activity.  Other - I have given the following instructions to the Planner: (Please complete this block describing what instructions you communicated to the Planner). | **ROLE: PRESENTER or OTHER**  Presenter’s presentation was reviewed to ensure valid content and absence of commercial bias.  Presenter agrees to refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.  Presenter agrees that all clinical recommendations made will be evidence-based and free of commercial bias.  Presenter agrees to alter/discontinue financial relationship with ineligible company.  Presenter’s role was changed so that he/she is no longer teaching about issues relevant to the products/services of their ineligible company.  It has been determined that the Presenter’s potential financial relationship cannot/will not be resolved in any of the above steps. Therefore, Presenter will not be allowed to participate in this educational activity.  Other - I have given the following instructions to the Presenter: (Please complete this block describing what instructions you communicated to the Presenter). |
| **Method of Communication (select all that apply):**  E-mail  Face-to-Face  Phone  Other  **Date of Communication:** | |

[*ACCME Standard 3*](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships) *states “the accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.” Mitigating conflicts of interest must be appropriate to an individual’s role in the planning/presentation of accredited continuing medical education.*