AMERICAN ACADEMY OF PEDIATRICS (AAP) FULL DISCLOSURE FORM

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), the AAP is required to identify and mitigate all potential conflicts of interest with any individual in a position to influence/control the content of CME activities. A conflict of interest exists if the individual has received financial benefits in any amount from an ineligible company (any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) within the **past 24 months** and that person is in a position to affect the content of an activity regarding the products or services of an ineligible company. All individuals in a position to influence/control the content of a CME activity are required to disclose to AAP, and subsequently to learners, that they either have no financial relationships or any financial relationships with manufacturers of any commercial products and/or providers of commercial services discussed in an activity. All disclosure information provided will be reviewed by AAP to ensure that all conflicts of interest are mitigated prior to the confirmation of the individual for the educational assignment. Additional information may be requested. Note: It is the responsibility of the individual to notify AAP of any changes to this information after the submission of this form.

* Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest, individual stocks and stock options, (diversified mutual funds do not need to be disclosed) and research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.
* Example of ineligible companies 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/ distributors, diagnostic labs (that sell proprietary products), growers/distributors/manufacturers/sellers of medical foods & dietary supplements, manufacturers of health-related wearable products, pharmaceutical companies/distributors, pharmacy benefit managers, reagent manufacturers/sellers

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please check all that apply: \_\_\_*** Faculty \_\_\_Planner \_\_\_Author \_\_\_\_Editorial Board \_\_\_Committee/Section/Council Member \_\_Staff

\_\_\_ Content Reviewer \_\_\_Abstract Reviewer \_\_\_Abstract Presenter \_\_\_\_ Moderator/Facilitator/Coach \_\_\_ Other

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of CME activity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dates/location (if applies):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical/Non-Clinical Topics of Assignment(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete; sign; date; and return this form to the appropriate AAP staff.

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| --- | --- | --- | --- |
| I. DISCLOSURE OF **ALL** FINANCIAL RELATIONSHIPS WITHIN **24 MONTHS** OF DATE OF THIS FORM | | | |
| \_\_\_\_\_ I do not have any financial relationships or interests in any amount (currently or within the past 24 months) with any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | | | |
| **OR** | | | |
| \_\_\_\_I have a financial relationship or interest in any amount (**currently or within the past 24 months)** with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The financial relationships are identified as follows (if needed, attach an additional list): | | | |
| All of your financial relationships with ineligible companies need to be disclosed. Only AAP staff and CME planners will have access to review these relationships to determine if there is a potential conflict of interest relevant to your educational topic/assignment, mitigate those conflicts and share with learners. **List ALL Financial Relationships:** | | | |
| Name of Ineligible Company: \_\_\_\_\_\_ | \_\_\_Research Grant (include even if institution receives grant/manages funds)  \_\_\_Independent Contractor (include contracted research)  \_\_\_ Speakers’ Bureau  \_\_\_Advisory Board Member  \_\_\_Principal Investigator  \_\_\_Honorarium  \_\_\_Stock/ Bonds (exclude diversified mutual funds)  \_\_\_ Royalties or patent beneficiary  \_\_\_ Paid Consultant  \_\_\_ Employee/ Owner  \_\_\_ Other (Specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indicate the nature and topic of the relationship: (e.g. research on social behaviors, consultation about vitamin D use in pediatric populations, etc.): \_\_\_\_\_\_\_\_\_\_\_\_  If this is an employee/owner relationship, what is the nature of position/role within the commercial entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please indicate below. This will help staff determine if any  mitigation steps need to be taken.  Yes No |
| Name of Ineligible Company: \_\_\_\_\_\_ | \_\_\_Research Grant (include even if institution receives grant/manages funds)  \_\_\_Independent Contractor (include contracted research)  \_\_\_ Speakers’ Bureau  \_\_\_Advisory Board Member  \_\_\_Principal Investigator  \_\_\_Honorarium  \_\_\_Stock/ Bonds (exclude diversified mutual funds)  \_\_\_ Royalties or patent beneficiary  \_\_\_ Paid Consultant  \_\_\_ Employee/ Owner  \_\_\_ Other (Specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indicate the nature and topic of the relationship: (e.g. research on social behaviors, consultation about vitamin D use in pediatric populations, etc.): \_\_\_\_\_\_\_\_\_\_\_\_  If this is an employee/owner relationship, what is the nature of position/role within the commercial entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please indicate below. This will help staff determine if any  mitigation steps need to be taken.  Yes No |
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Please indicate your understanding of and willingness to comply with each statement below:

* I have read and will adhere to the *AAP Policy on Disclosure of Financial Relationships and Mitigation of Conflicts of Interest for AAP CME Activities.* (If the policy is not attached to this form, email: \_\_\_\_\_\_\_\_).
* I understand that failure or refusal to disclose within the established timeframe will require the AAP to identify a replacement.
* I understand it is my responsibility to notify AAP of any changes in the disclosure information I provided after submission of this form.
* I understand AAP will disclose to learners that all activities may include off-label (unapproved)/investigational use of products.
* I understand that it is prohibited to accept any direct payments from an ineligible company for my role in an AAP CME activity.
* I will uphold the AAP Standards to ensure balance, independence, objectivity, scientific rigor, and support safe, effective patient care in my role in the planning/presentation of activities to ensure:
* Planning/content is free of the influence or control of an ineligible company and promotes improvements or quality in healthcare.
* All recommendations in CME activities involving clinical medicine will be based on evidence accepted within the medical profession.
* All recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* All scientific research referred to, reported, or used in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
* New and evolving topics will not advocate for, or promote, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
* Content and its related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible company.
* Content will not advocate for unscientific approaches to diagnosis or therapy, or promote recommendations, treatment, or manners of practicing healthcare that are not within the definition of CME or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

I certify that (a) the above information is true and complete to the best of my knowledge and (b) I have read and agree to comply with the AAP CME Disclosure Policy.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### RETURN BY \_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email)