



ANNUAL DISCLOSURE OF FINANCIAL RELATIONSHIPS

Name of Individual:	
ACS Member ID Number (if readily available):	
Name of Activity:	AMERICAN OTOLOGICAL SOCIETY 155th Annual Spring Meeting

In accordance with ACCME regulations, the American College of Surgeons must ensure that anyone who is in a position to control the content of the education activity has disclosed **all financial relationships with any commercial interests (termed by the ACCME as “ineligible companies”, defined below) in the last 24 months prior to their involvement of the educational activity.**

Ineligible Company: Defined by the ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services used on or consumed by patients. Providers of clinical services directly to patients are NOT included in this definition.
Financial Relationships: Relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

All CME Planners and Speakers /Moderators/Discussants/Authors/Editors involved in the development and/or presentation of CME content must complete this form. If applicable, the first author is responsible for collecting and submitting disclosure information on behalf of all other authors/contributors. **The form must be updated whenever circumstances require. In addition, all affirmative disclosures for speakers must be revealed by a slide at the beginning of the presentation.**

Failure or refusal to disclose or the inability to manage the identified conflict will result in the withdrawal of the invitation to participate.

- I (and/or my Spouse/Partner) do not have personal financial relationships with any ineligible companies as defined above.
- I (and/or my Spouse/Partner) do have financial relationship(s) with ineligible companies as defined above.
 - List the names of companies that you (or your Spouse/Partner) have a financial relationship with currently or have had in the last 24 months.
 - Explain what you (or your Spouse/Partner) received (i.e. salary, honorarium etc.).
 - Specify your role (i.e. consultant, board member, etc.)
 - If it is determined that a conflict of interest exists as a result of a financial relationship you have, you will be contacted and methods to manage the conflict will be discussed with you.

Company Name	What I/Spouse/Partner Received	For What Role?

Please note that attesting to the following conditions are required:

- I (and/or my Spouse/Partner) agree that I will not accept honoraria, travel expenses, in-kind contributions, or any other support from commercial companies/ineligible companies in connection with this activity.
- If I am discussing any product use that is off-label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If any of the information reported above changes, I will notify ACS immediately and update this form accordingly.

By signing or typing my name below, I certify that I have identified and disclosed all financial relationships with any commercial interests/ineligible companies (in the last 24 months) and that all information provided herein is true and correct.

Name: _____ Date: _____

If a financial relationship is noted above, a designated official must complete page 2, after discussing ways to manage the conflict of interest with the individual.

Management Section (DO NOT COMPLETE-ADMINISTRATIVE USE ONLY)

This section should be completed by a designated official (MD or DOs) only if a financial relationship with an ineligible company/commercial interest is reported on page 1.

The designated official (program chair, moderator, etc.) must contact the individual to discuss how the potential conflict can be managed.

<u>Name of Designated Official (MD/DO) Completing Form:</u>	
<u>Financial Relationship with Commercial Interest/Ineligible Company Identified Above:</u>	
<u>Presentation Title (if speaker, moderator, etc.):</u>	
<u>Management Plan (Please select all that apply):</u> (Recommended ways to manage the potential conflict)	<input type="checkbox"/> Planning Committee Member will recuse themselves from the relevant portion(s) of the planning meeting related to his/her financial relationship(s) with commercial interest. <input type="checkbox"/> Presentation will include validation of evidence-based content. <input type="checkbox"/> Content will be assigned to another individual to avoid a conflict of interest. <input type="checkbox"/> The individual will offer no recommendations and limit content to scientific/research data. <input type="checkbox"/> Another individual will be assigned to address broader implications and recommendations. <input type="checkbox"/> Determination that the conflict of interest is not relevant to the content of the presentation. <input type="checkbox"/> Other (Please describe): _____
<u>Date of Discussion with Individual Noted Above:</u>	