

## 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.*

<b>Activity Name/Date:</b>	
<b>Planner/Presenter/Other Name &amp; Disclosure Date:</b>	
<b>Reviewer Name</b>	

  

**Reviewer:** Any planner, presenter, or other individual disclosing a relevant financial relationship must be reviewed by the CME Activity Director, or if needed, by the Department Chair or Faculty Designee in collaboration with the Office for CME.  
**The reviewer must complete a Planner/Presenter Financial Relationship 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.

**Note: Owners and employees of ineligible companies have unmitigable financial relationships and must not be allowed to influence or control planning, delivery, or evaluation of accredited CME unless it falls under one of the three exceptions in Standard 3 (Section 2).**

**Reviewer Action:**

ROLE: PLANNER	ROLE: PRESENTER or OTHER
<input type="checkbox"/> Planner's decisions were peer reviewed to ensure absence of commercial bias in the planning process.  <input type="checkbox"/> Planner has recused himself/herself from controlling aspects of planning and content with which he/she has a financial relationship.  <input type="checkbox"/> Planner agrees to discontinue financial relationship with ineligible company.  <input type="checkbox"/> 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.  <input type="checkbox"/> Other - I have given the following instructions to the Planner: (Please complete this block describing what instructions you communicated to the Planner).	<input type="checkbox"/> Presenter's presentation was peer reviewed to ensure valid content and absence of commercial bias.  <input type="checkbox"/> Presenter agrees to refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.  <input type="checkbox"/> Presenter agrees that all clinical recommendations made will be evidence-based and free of commercial bias.  <input type="checkbox"/> Presenter agrees to discontinue financial relationship with ineligible company.  <input type="checkbox"/> Presenter's role was changed so that he/she is no longer teaching about issues relevant to the products/services of their ineligible company.  <input type="checkbox"/> 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.  <input type="checkbox"/> Other - I have given the following instructions to the Presenter: (Please complete this block describing what instructions you communicated to the Presenter).

**Additional Notes:**

**Method of Communication (select all that apply):**  
☐ E-mail    ☐ Face-to-Face    ☐ Phone    ☐ Other

**Date of Communication:**

[ACCME Standard 3](#) 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.