

## CME Speaker/Author Form

**INSTRUCTIONS:** Save this form to your computer, enter the information requested below, and email it back to the Activity Coordinator at least 1 week prior to the activity.

<b>Activity Title:</b>		<b>Activity Date:</b>	
<b>Role in CME Activity</b>	<input type="checkbox"/> Speaker/Presenter	<input type="checkbox"/> Moderator	<input type="checkbox"/> Author
<input type="checkbox"/> Other: _____			
<b>SPEAKER / PRESENTER INFORMATION</b>			
<b>Name (with credentials):</b>			
<b>Email:</b>		<b>Phone Number:</b>	
<b>Session Title:</b>			
<b>Content Summary:</b> 2-3 sentences (include bibliographic sources as needed)			

**CME Speakers only need to complete the form once each calendar year.**

<b>FINANCIAL DISCLOSURE</b> (To be completed by speaker/presenter, moderator, author, or others who may control educational content)	
Please disclose <b>all financial relationships</b> that you have had in the past 24 months with ineligible companies. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount and regardless of the potential relevance of each relationship to the education.	
Within the past 24 months, have you had a financial relationship in any amount with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients? <input type="checkbox"/> NO <input type="checkbox"/> YES – List those financial relations below and provide the following information about them:	
<b>Company(ies):</b>	<b>Type of Relationship(s):</b>

<b>LEARNING OBJECTIVES (does not apply to moderators)</b>	
Please provide your action-oriented objectives for your presentation. Describe changes to skills and abilities (competence), the medical practice (performance), & patient outcomes rather than just changes to knowledge.	
What will learners be able to do (or do better) after your presentation?	
Finish this sentence for each criterion: <b>As a result of my presentation, learners should be able to:</b>	
<b>Improvements to Knowledge:</b>	1)
<b>Improvements to Competence (Abilities &amp; Skills):</b>	2)
<b>Improvements to Medical Practice (Performance):</b>	3)
<b>Improvements to Patient Outcomes:</b>	4)

**ATTESTATIONS:** Please read the following attestations.

By signing you agree to abide by the policies and regulations addressed in this form.

- I will ensure that the content for this activity, including any presentation of therapeutic options, will include recommendations for patient care based on current science, evidence, and clinical reasoning while giving a fair and balanced view of diagnostic and therapeutic options.
- I will ensure that all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- I will ensure that new and evolving topics in CME are clearly identified as such within the presentation(s) without advocating for or promoting, practices that are not or not yet adequately based on current science, evidence, and clinical reasoning.
- I will not advocate for unscientific approaches to diagnosis or therapy, nor manners of practicing healthcare that is determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- I will ensure that the presentation of the information will promote quality or improvements in healthcare and will not promote a specific proprietary business interest or ineligible company.

- My disclosure provided above is accurate for the past 24 months.
- My financial relations will not influence or bias the education at this activity.
- The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills & professional performance & relationships that a physician uses to provide services for patients, the public or the profession.
- All content in my presentation and materials will be free of input from ineligible companies and hold no commercial bias. If required, I will submit my presentation material in advance for peer review and will make suggested changes.
- The education I provide will be fair and balanced and any clinical content supports safe and effective patient care.
- The accredited education I provide in my educational materials (slides, abstracts, handouts, etc.) will be free of marketing or sales of all products/services including logos, trade names, or product group messages, and I will not actively promote or sell products/services that serve my professional interests.
- I verify that prior to the presentation; I have requested and/or obtained permission from copyright holder(s) to reproduce/copy, from their work, the portions of my presentation that are protected by copyright laws. I acknowledge that the University of Tennessee will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.
- If presenting specific patient cases or case histories, I attest that I have HIPAA-compliant authorization for any PHI (Protected Health Information) in the presentation materials or have de-identified all materials to the extent possible in adherence to my organizational and state laws. *Educational activities happening off-campus (UTMC) must be completely deidentified.* (Colby-Stansbury PHI Law-State of Tennessee enacted 2011).
- I acknowledge that the University of Tennessee or its designees may request to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance following all deadlines as requested.
- I acknowledge that the Office of CME may have someone attend or monitor the activity to ensure that the presentations, educational materials, and activity are educational, not promotional, in nature.
- I hereby consent to the duplication of my presentation and to its inclusion in the course handouts and in any enduring materials maintained in connection with the course in any format or media whatsoever.
- I will contact the Office of CME if there are any changes to my financial relationships prior to the start of the activity.
- By typing or signing my name below, I attest that the above information is accurate and complete, and I agree to comply with the policies above as I administer this CME activity.

SIGNATURE (can be typed):	DATE:
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