



**Continuing Professional Development**  
 College of Pharmacy  
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**Memphis**  
**Knoxville**  
**Chattanooga**  
**Nashville**

**RE: Relevant Financial Relationships with Commercial Interests**

Dear Prospective Faculty/Planner:

We are pleased that you are willing to participate in a continuing pharmacy education (CPE) activity. The University of Tennessee College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE). As such, we are committed to meeting the ACPE’s expectations for CPE.

The University of Tennessee College of Pharmacy has implemented a new process where everyone who is in a position to control the content of an educational activity has disclosed to us **all** financial relationships with any **ineligible company** in the **past 24 months**. If you refuse to disclose all financial relationships, you will be disqualified from being a part of the planning and implementation of this CPE activity.

**First**, list the names of all ineligible companies you and/or your spouse/partner have had a relationship with in the past 24 months. An ineligible company is one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., drug manufacturer).

**Second**, describe what you or your spouse/partner received (ex: salary, honorarium etc). The University of Tennessee College of Pharmacy does NOT want to know how much you received.

**Third**, describe your role.

Name (printed): \_\_\_\_\_

Ineligible Company	Nature of Financial Relationship	
	What I or my spouse/partner received	My role or my spouse/partner’s role
<i>Example: Company ‘X’</i>	<i>Honorarium</i>	<i>Speaker</i>

**What was received:** 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.

**Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once complete, please return this form to Dr. James Wheeler at [pharmacpd@uthsc.edu](mailto:pharmacpd@uthsc.edu). Thank you for completing this important task. We look forward to working with you.

Sincerely,

James S. Wheeler, PharmD, BCPS  
 Associate Professor & Director, Continuing Professional Development  
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