



FACULTY AGREEMENT, DISCLOSURE & RELEASE FORM FOR LIVE ACTIVITIES

PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

1330 Eisenhower Boulevard, Harrisburg, PA 17111

Overview of POMA's Conflict of Interest Policy:

The Pennsylvania Osteopathic Medical Association (POMA) is accredited by the AOA to provide CME for physicians. As such, POMA must ensure balance, independence, objectivity and scientific rigor in all its educational projects. This disclosure form provides a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of CME activities designated for credit by the POMA. This disclosure form does not prevent an individual with such relationships from participating in the activity, rather it allows POMA to assess potential conflict of interest and resolve the conflict.

According to AOA and ACCME Standards of Commercial Support, all persons who may impact the content of a CME activity are required to fully disclose current and recent financial relationships with commercial interests. Persons includes all faculty, committee members, authors, board members, staff and anyone else that influence content creation for POMA educational activities. A conflict of interest is present when individuals, or their spouse/partner, has a relevant personal financial relationship with a commercial entity that benefits the individual and may ultimately bias the presentation of that content to colleagues and participants. A commercial interest is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. Financial relationship is defined as being a shareholder, consultant, grant recipient, research participant, employee and/or recipient of other financial or material support. Recent is defined as the past 12 months.

Fair, unbiased education serves as part of the foundation for development of quality CME, therefore, the participants in this POMA CME activity must be made aware of any such financial relationship(s). Individuals associated with POMA educational activities must complete and submit this form. Individuals who refuse to disclose relevant financial relationships will be disqualified from participating in POMA educational activities.

Participant Information:

Faculty Member Name: _____

Name of CME Activity: _____

Date(s) of CME Activity: _____

Your Role in CME Activity:

- Course Director Planning Committee Speaker
 Editorial Group/Board Staff Other (please specify): _____

Participant Disclosure:

I have read POMA's disclosure policy and I declare the following:

1. Disclosure of financial relationship(s):

- With regard to the past 12 months, I (and/or my spouse/partner) have a relevant financial relationship with a commercial entity producing healthcare goods and/or services. (Go to #2)
 With regard to the past 12 months, I (and/or my spouse/partner) do not have a financial relationship or interest with any proprietary entity producing healthcare goods or services. (Go to #3)

2. If you (and/or your spouse/partner) have a relevant financial relationship:

A. Spouse/partner's name (if applicable) _____

B. Indicate the name(s) of the commercial organization(s) and the clinical/research area(s) where you have a relevant financial relationship(s). If you have more than 4 relationships, please add additional pages.

| Name of Organization | Clinical/Research Area | Type of Relationship (Use Code(s) Below) |
|----------------------|------------------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Relationship Code:

- a. Employment (includes retainer)
- b. Independent Contractor (contracted research and clinical trials)
- c. Consultant
- d. Speaker’s bureau and teaching engagements
- e. Advisory Committee/Board
- f. Stock/Ownership
- g. Patent holder
- h. Other (please describe): _____

C. Please answer the following questions:

- Did you participate in commercial entity-sponsored training? Yes No
- If you traveled to participate in the training, did the commercial entity pay your travel and lodging? Yes No
- Did the commercial entity provide you with slides as part of the training sessions? Yes No
- Did you receive an honorarium or consulting fee for participating in the training? Yes No

3. If you participated in institutional contracted research or clinical trials, please answer the following questions:

- Not Applicable Yes No
- Do you receive salary support, retainer, or other monies to support your position as part of the research grant/clinical trials? Yes No
- Are you the principal investigator for the research grant? Yes No
- Have the results of your research/clinical trials been published? Yes No

Participant Consent:

- 4. I agree that any content I create or influence as part of this POMA Educational Activity will be free of control of a commercial interest. Agree Disagree
- 5. I will provide the educational content and resources for independent peer review as requested by POMA staff or project leaders. Agree Disagree
- 6. I will not accept advice, services, content or edits from a commercial interest that will influence the content of this educational activity. Agree Disagree
- 7. I will only accept support for my role in this POMA educational activity from POMA, including honoraria, transportation, lodging and any other remuneration. Agree Disagree

8. The content that I create or influence for this educational activity will promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest. Agree Disagree
9. My presentation, content and/or participation will provide a balanced view of therapeutic options and I will use generic names where possible. If I use trade names in CME educational material, I will use trade names from several companies, where possible. Agree Disagree
10. The information I provide on this form will be made known to the planners and participants of the educational activity. Agree Disagree
11. If I discuss or demonstrate pharmaceutical and/or medical devices that are not approved by the FDA and/or medical or surgical procedures that involve an unapproved or "off-label" use of an approved device or pharmaceutical, I will disclose such references to learners. Agree Disagree
12. I have obtained any necessary copyright permission for any materials used in the presentation or any related materials and understand that POMA is relying on such representation in sponsoring this presentation. Agree Disagree

Participant Presentation Release:

This educational program may be distributed by POMA in an audio, video or print format for the sole purpose of education. POMA may distribute your live and/or recorded presentation and/or print format presentation to an internet-based learning center. POMA may syndicate your live and/or recorded presentation to other state osteopathic medical associations, POMA members, and non-members through the POMA online library/catalog. All claims for royalties in conjunction with the sale of this webinar or handout materials are waived. No distribution of the recordings by anyone other than POMA or syndicated state associations will be permitted without your permission. If you have any objections to the content being recorded or distributed on the Internet, please indicate by checking the appropriate box below.

- I grant POMA the right and permission to record (audio and/or video) my presentation.
- I grant POMA the right and permission to record (audio and/or video) my presentation, omitting the following content (ex: patient images, research data, etc.). Please specify content to remove from rebroadcast recording:

- I DO NOT want my presentation to be posted online in .pdf format.
- I DO NOT want my presentation rebroadcasted in any way.
- Other (please specify):

13. I have carefully considered each item and have answered all of these attestations to the best of my knowledge. Agree Disagree

14. I hereby accept the invitation to participate in this POMA Educational activity. Agree Disagree

Signature

Date

If sent electronically, attach and use e-mail acknowledgement.

**RETURN TO:
POMA CME Department • cme@poma.org • 717-939-7255**



**FACULTY DISCLOSURE FORM FOR LIVE ACTIVITIES
PRACTICE GAP & LEARNING OBJECTIVES**

**PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION
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WHAT IS(ARE) THE PROFESSIONAL PRACTICE GAP(S) THIS LECTURE ADDRESSES?

Explain what is(are) the problem(s) and why the problem(s) exists.

NEEDS ASSESSMENT DATA SOURCE

What sources and references did you use to determine the problem and identify what learners need to solve it?

WHAT CORE COMPETENCIES WILL BE ADDRESSED?

Check the box next to all core competencies that will be addressed in this activity.

- | | |
|--|---|
| <input type="checkbox"/> Patient-centered care | <input type="checkbox"/> Systems-based practice |
| <input type="checkbox"/> Medical knowledge | <input type="checkbox"/> Interdisciplinary teams |
| <input type="checkbox"/> Practice-based learning and improvement | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Interpersonal and communication skills | <input type="checkbox"/> Utilize informatics |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Employ evidence-based practice |

DESIRED GOALS

What change should learners make as a result of attending this activity?