The Continuing Medical Education Office
at the American University of Beirut Medical Center
Faculty Financial Relationship Disclosure

In compliance with Accreditation Council for Continuing Medical Education’s (ACCME) Standards for Commercial Support and the CME Office Conflict of Interest Policy, activity directors and faculty members must disclose information regarding any relevant financial relationships with commercial interests. Please complete the following and return to: CME OFFICE VIA EMAIL cme@aub.edu.lb OR FAX TO 961-1-744-467

Note: You are required to notify the CME Office if there are any changes to this affirmation between now and the planned activity.

Date of Disclosure ___________________________________________________________________

Name ______________________________________________________________________________

Title of Activity: _____________________________________________________________________

Date of Activity: _____________________________________________________________________

Signature _____________________________________________________________________________

Will your PRESENTATION, at this CME activity, include the discussion of any applicable health care goods or services (either currently marketed or under development)?

☐ Yes    ☐ No

If “No” STOP. Your disclosure form is complete.

If Yes, please continue.

Do you and/or your spouse/partner have any relevant financial relationships* with any commercial interests**?

☐ Yes    ☐ No

If No, STOP. Do not answer any further items. If yes, please continue on the next page.

*Relevant financial relationship, as defined by the Accreditation Council for Continuing Medical Education (ACCME) is a financial relationship with a commercial interest in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines ‘relevant financial relationships’ as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Commercial interest, as defined by ACCME is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.
List below the names of commercial interests producing health care goods or services, with which you and/or your spouse/partner have or have had a relevant financial relationship within the past 12 months.

Name of Commercial Interest _______________________________________
List any applicable health care goods and/or services ________________________

What is your relationship with the above commercial interest? (Check all that apply)
☐ Employment ☐ Ownership interest ☐ Intellectual Property Rights (royalties or patent sales)
☐ Consulting ☐ Teaching and Speaking ☐ Independent contractor (including contracted research)
☐ Board Membership ☐ Membership on advisory committee or review panels
☐ Other activities (specify) ________________________

Amount received within the past 12 months
☐ < $10,000
☐ ≥ $10,000
If ≥ $10,000, please indicate in detail how you will avoid a conflict of interest. (e.g., the presentation will be fair and balanced; it will address classes of drugs; proprietary names will not be used; best available peer review data will be presented). Note: disclosure alone is insufficient.
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