The University of California, Davis, Health System Office of Continuing Medical Education must ensure balance, independence, objectivity, and scientific rigor in all activities it sponsors and provide content that is evidence based and free of commercial bias as required by the ACCME Standards for Commercial Support. CME/CPE activities must promote improvements in health care and not proprietary interests of a commercial interest. Anyone engaged in content development, planning, or presentation of the activity must complete this form. **Persons who fail to complete this form may not participate in this activity.** Complete disclosure must also be provided to learners prior to the activity.

### Live Activity | RSS | Enduring Material (print) | Internet Enduring Material | Date:
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**CME Activity**

Name:

**Role in CME Activity:**  
- [ ] Speaker  
- [ ] Author  
- [ ] Course Director  
- [ ] Planning Committee  
- [ ] Other

**DISCLOSURE**

Conflict exists when you have a relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on, patients.

Have you (or your spouse/partner) had a **RELEVANT** financial relationship in the last 12 months with the manufacturers of the products or services that will be discussed in this activity or in your presentation?

- [ ] NO   Read Declaration and sign below
- [ ] YES   List Relevant Relationships, read Declaration and sign below

**COMMERCIAL INTEREST**

Any proprietary entity producing health care goods or services related to this activity (exceptions: non-profit or government organizations; e.g. NIH)

**NATURE OF RELEVANT FINANCIAL RELATIONSHIPS**

Salary, royalty, intellectual property rights/patent holder, consulting fees (e.g. advisory board), honoraria (e.g. speakers bureau), contracted research, ownership interest (stock, stock options or other ownership excluding diversified mutual funds), or other financial gain from a commercial interest

1. 
2. 
3. 
4. 
5. 

**DECLARATION**

- [ ] I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME/CPE activity
- [ ] I will present the source and type or level of evidence if I make recommendations involving clinical medicine
- [ ] I agree to comply with requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)
- [ ] I will provide verbal disclosure of relevant financial relationships or that no financial relationships exist
- [ ] I will inform learners when I discuss or reference unapproved unlabeled uses of therapeutic agents or products.
- [ ] I will submit my presentation or materials for peer review if necessary

Signature:  
Date:

If you have questions about the UC Davis Health System CME Disclosure Policy, please call OCME at 916-734-5390.

**FOR USE BY OCME**

- [ ] No Relationships Disclosed  
- [ ] Approved by OCME Date: __________________ Signature: __________________

- [ ] Relationships Disclosed  
- [ ] Date sent for Resolution: ________________ Resolution Completed On: ________________