



Disclosure of Relevant Financial Relationships By Speakers, Authors, and Planners of CME Activities

The intent of this disclosure is to allow Texas Medical Association the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of TMA-provided activities are expected to disclose to TMA any relevant financial relationships with any commercial interest concerned with the **content of an educational presentation.**

Conflict of interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

Commercial interest. Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships. Those relationships in which the individual benefits by receiving a 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. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW

Name of Speaker or Planner: _____

Content of CME Presentation: _____

Title of Presentation: _____ Date of Activity: _____

1. Do you have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients related to the content of this presentation?

Yes No If **yes**, please identify the company and the nature of this relationship below.

Commercial Interest

What Was Received

For What Role

Example: Company X Honorarium Speaker

Signature of Speaker/Planner: _____ Date: _____

Please return to jennifer.hawkins@tmfhc.org or 774 S. Beckham Tyler, Texas, 75701.
