

Dear Prospective Faculty Member:

We are looking forward to having the opportunity to include you in the upcoming accredited continuing education.

**Why am I receiving this communication?**

Orlando Health is accredited by various accrediting agencies and boards to provide continuing education credits. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [accme.org/standards](https://www.accme.org/standards).

**Why do we collect this information?**

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

**What are the next steps in this process?**

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary for us to be able to move to the next steps in planning this continuing education activity.

If you have questions about these expectations, please contact us at [cme@orlandohealth.com](mailto:cme@orlandohealth.com).

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Please complete the packet below and return it to \_\_\_\_\_ by \_\_\_\_\_

Submit rough draft presentation to \_\_\_\_\_ by \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Name of Individual: \_\_\_\_\_ Credentials: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

☐ A current CV will accompany this form to demonstrate my qualifications to participate as a planner/speaker in this activity.

**Individual's prospective role(s) in education** (check all that apply)

☐ Activity Director\*    ☐ Nurse Planner\*\*    ☐ Planner    ☐ Teacher/Instructor    ☐ Author/Writer  
☐ Content Expert    ☐ Content Reviewer\*\*\*    ☐ Other: \_\_\_\_\_

*\*The Activity Director is responsible for ensuring adherence to ACCME accreditation criteria for AMA PRA Category 1 Credit™.*

*\*\* Must have an unrestricted nursing license and a minimum of a baccalaureate degree in nursing.*

*\*\*\*Used to review and validate content after planning (not a member of the planning committee)*

Our Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at [cme@orlandohealth.com](mailto:cme@orlandohealth.com).

**To be Completed by Planner, Faculty, or Others Who May Control Educational Content:**

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose **all** financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

☐ In the past 24 months, I have not had any financial relationships with any ineligible companies.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit: <a href="http://www.accme.org/standards">www.accme.org/standards</a>	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	X

☐ I agree to disclose any discussion of off-label product use prior to my presentation

I attest that the above information is correct as of this date of submission.

Name and credentials: \_\_\_\_\_

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

<b>OBJECTIVES</b> Click on link below for guidelines for writing learning objectives <a href="#">Bloom's Taxonomy Revised   CNM</a>	<b>CONTENT</b> (Topics)	<b>TIME FRAME</b> (if live)	<b>TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES</b> e.g., polling, Q & A, Case studies, Small Group Discussion, etc.
<i>What the learner will know or be able to do as a result of engaging in the learning activity</i>	<i>Provide an outline of the content (may be in bullet format)</i>	<i>Approximate time required for content</i>	<i>List the learner engagement strategies to be used by Faculty, Presenters, Authors</i>

**List the complete evidence-based references used for developing this educational activity**

Authors	* Year of publication	Name of journal article/chapter of book	Name of journal/book	Volume/issue (if journal article)	Page number(s)	Weblink

**\* within last 5 years**

**-STOP-**

**This section to be completed by Orlando Health Institute for Learning CPD Representative only**

**Resolution of Conflict of Interest**

☐ No conflict of interest exists

The conflicts of interest have been resolved in the following way(s) (check all that apply):

- ☐ Peer review of slides
- ☐ Change their financial relationship
- ☐ The role or function of the person with the conflict of interest was altered
- ☐ The focus of the presentation was changed
- ☐ Another Activity Director/Planner/Speaker was chosen in the stead of the individual with the perceived conflict of interest
- ☐ Contact hours for a portion of the educational activity was not awarded
- ☐ Other: \_\_\_\_\_