Activity Title:

# VERIFICATION OF ACCME STANDARDS FOR COMPLIANCE





Activity Date:

**The Carilion Clinic’s CME Program requires that disclosures be included in the evaluation** **form.** However, to comply with the guidelines established by the Medical Society of Virginia, the continuing medical education accrediting body, **a second form of disclosure must also be made to the audience prior to the activity of any relevant relationship(s) or affiliation(s).**

**A.** The disclosure statement(s) for today’s presentation(s) were:

 distributed to the audience (provide the form)

 included in the handout or syllabus (provide the handout or syllabus)

 other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide the document)

**B.** If written disclosure of conflict of interest is not provided to the audience, disclosure must be made verbally:

 Today’s moderator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_reported the following relevant relationship(s)/affiliation(s):

 Moderator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Conflict was resolved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Today’s moderator \_\_ \_\_\_\_\_informed the audience there are no relevant

 relationships/affiliations for the moderator

 Today’s speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_reported the following relevant relationship(s)/affiliation(s):

 Speaker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Conflict was resolved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Today’s speaker \_\_ \_\_\_\_\_\_\_\_\_\_\_informed the audience there are no relevant

 relationships/affiliations for the speaker

**If a bias was indicated** on the evaluation summary, please provide a clarification (e.g. Speaker pushed Company X products. A letter along with the evaluation summary was sent to the speaker expressing disappointment and advised the speaker they would not be invited back.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 All persons involved in the planning of this activity with control of the content have completed a disclosure form and:

 There are no relevant relationships/affiliations.

 The following relevant relationships/affiliations were made known to the audience.

Name Relationship(s)/Affiliation(s)

|  |  |
| --- | --- |
|  |  |

 There is a potential conflict of interest that was resolved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.** Which Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) competency(s) are addressed in this CME event?

 Patient Care Professionalism

 Practice-based Learning & Improvement Evidence-based Practice

 Quality Improvement Interpersonal & Communication Skills

 System-based Practice Medical Knowledge

Revised 9/22/21

I verify that written documentation of the speaker(s) disclosure statement(s) was provided to the audience and that the audience was made aware of this information OR that disclosure was made verbally **prior to the activity**. I have indicated which method was used by marking the appropriate box.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date