

ASAM Disclosure of Relevant Financial Relationships

Instructions

1. **First**, list the names of proprietary entities (see the [ACCME's Definition of Relevant Financial Relationships](#) for the definition of an ineligible company) with which you have had a relevant financial relationship within the past 24 months.
2. **Second**, describe what you received (ex: salary, honorarium etc).
3. **Third**, describe your role.
4. **Fourth**, describe the clinical condition or clinical area that this financial relationship was in (eg, addiction medicine, psychiatry, dermatology).

Name:

Credentials/Designations:

Email Address:

Organization Name:

1. Do you have any relevant financial relationships with any ineligible companies? (Yes or No)

Yes

No

2. **Financial Disclosure (For each relevant financial relationship, please include what was received, for what role, and for what clinical condition)**

1.

2.

3.

4.

5.

3. **Off-Label Uses:** Select one of the following statements:

The content of my material(s)/presentation(s) in the CE activity include discussion of unapproved or investigational uses of products or devices

The content of my material(s)/presentation(s) in the CE activity DO NOT include discussion of unapproved or investigational uses of products or devices

Please specify any off-label or investigational use:

4. **Agreement:**

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

By signing this box with my electronic signature, I attest that all information above is true and correct. I attest that the CE content for which I am responsible will be evidence-based, fair and balanced, unbiased, and free from any ineligible companies control. No promotional activities may occur during educational events. This includes distribution of product brochures or product information in conjunction with the educational activity or handouts. No slides or handouts developed by an ineligible company may be used during presentations. I agree to not promote any specific proprietary or commercial business interest in my role as planner or faculty/speaker. I understand that an employee of an ineligible company may NOT serve as a faculty or planner if the educational content that the employee controls relates to the products and/or services of the ineligible company's employer. If the content DOES NOT relate to the products and/or services of

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the ineligible company's employer, the employee may be eligible to serve as speaker or planner, but the educational content must be reviewed (must be sent with the application) before approval of CME credit will be considered. I understand that if I serve on a Speakers' Bureau for the same clinical area as the education activity I plan to provide, and for which accreditation is being requested, my educational activity material(s) must be submitted for a full independent review at the time of the application submission before approval for CME credit will be considered. I understand that if I engage in a financial relationship with an ineligible company after the program has been granted accreditation, but before the educational activity has been implemented/delivered, I must alert ASAM and provide a new disclosure form. A second review for approval will become necessary before the activity can be delivered. I understand that if changes are made to my educational presentation/material(s) after the program has been granted accreditation, but before the educational activity has been implemented/delivered, I must alert ASAM and provide information/documentation on the changes. A second review for approval will become necessary before the activity can be delivered. If I have indicated a relevant financial relationship, I understand that this information will be reviewed to determine whether a relevant financial relationship may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to mitigate any relevant financial relationships of interest will require the ASAM to identify a replacement or not offer CME credit for this activity.

Please type your full name on the line below:

Signature:

Date: