



## FACULTY DISCLOSURE & RELEASE FORM FOR LIVE ACTIVITIES

PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION  
1330 Eisenhower Boulevard, Harrisburg, PA 17111

### Overview of POMA's Conflict of Interest Policy:

The Pennsylvania Osteopathic Medical Association (POMA) is accredited by the American Osteopathic Association (AOA) to provide osteopathic continuing medical education (CME) for physicians. POMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. As such, POMA must ensure balance, independence, objectivity and scientific rigor in all its educational activities.

POMA requires all individuals involved in the planning and execution of CME activities, as either content developers or faculty, provide disclosure of any financial relationships that they may have with ineligible companies. Any individual who refuses to disclose any relevant financial relationships with an ineligible company will be disqualified from being a planner, teacher or author of accredited CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity. This disclosure form provides a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of CME activities designated for credit by POMA.

Per the ACCME's Standards for Integrity and Independence in Accredited Continuing Education, all persons who may impact the content of a CME activity are required to disclose all financial relationships they have had within the previous 24 months with ineligible companies. Persons includes all faculty, committee members, authors, board members, staff and anyone else that influence content creation for POMA educational activities. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. A financial relationship is defined as being a speaker, shareholder, consultant, advisor, contractor, grant recipient, researcher, employee and/or recipient of other financial or material support. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Persons should disclose all financial relationships regardless of the potential relevance of each relationship to the education activity. A conflict of interest is present when an individual has a personal financial relationship with an ineligible company that benefits the individual who has the opportunity to affect CME content.

### Participant Information:

Faculty Member Name: \_\_\_\_\_

Name of CME Program: \_\_\_\_\_

Lecture Title: \_\_\_\_\_

Date(s) of CME Activity: \_\_\_\_\_

### Your Role in CME Activity:

- Course Director       Planning Committee       Speaker       Content Reviewer  
 Editorial Group/Board       Staff       Other (please specify): \_\_\_\_\_

### Participant Disclosure:

I have read POMA's disclosure policy and I declare the following:

#### 1. Disclosure of financial relationship(s):

- With regard to the past 24 months, I have a relevant financial relationship with a commercial entity producing healthcare products and/or services. (Go to #2)  
 With regard to the past 24 months, I do not have a financial relationship or interest with any commercial entity producing healthcare products and/or services. (Go to #3)

2. If you have a relevant financial relationship:

A. Indicate the name(s) of the commercial entity(ies) and the nature of the relationship and clinical/research area(s) where you have a relevant financial relationship(s). If you have more than 4 relationships, please add additional pages.

Name of Commercial Entity	Nature of Relationship and Clinical/Research Area	Type of Relationship (Use Code(s) Below)	Has the Relationship(s) Ended?
1.			
2.			
3.			
4.			

Relationship Code:

- a. Employment (includes retainer)
- b. Independent Contractor (contracted research and clinical trials)
- c. Consultant
- d. Speaker's bureau and teaching engagements
- e. Advisory Committee/Board
- f. Patent Holder/Stock/Ownership/Royalties or Patent Beneficiary
- g. Executive Role
- h. Other (please describe): \_\_\_\_\_

B. Please answer the following questions:

- Did you participate in commercial entity-sponsored training?  Yes  No
- If you traveled to participate in the training, did the commercial entity pay your travel and lodging?  Yes  No
- Did the commercial entity provide you with slides as part of the training sessions?  Yes  No
- Did you receive an honorarium or consulting fee for participating in the training?  Yes  No

3. If you participated in institutional contracted research or clinical trials, please answer the following questions:

- Not Applicable
- Applicable (Complete A, B, C below)
  - a. Do you receive salary support, retainer, or other monies to support your position as part of the research grant/clinical trials?  Yes  No
  - b. Are you the principal investigator for the research grant?  Yes  No
  - c. Have the results of your research/clinical trials been published?  Yes  No

**Participant Consent:**

- 4. I agree that any content I create or influence as part of this POMA Educational Activity will be free of control of a commercial interest.  Agree  Disagree
- 5. I will provide the educational content and resources for independent peer review as requested by POMA staff or program leaders.  Agree  Disagree
- 6. I will not accept advice, services, content or edits from a commercial entity that will influence the content of this educational activity.  Agree  Disagree

7. I will only accept support for my role in this POMA educational activity from POMA, including honoraria, transportation, lodging and any other remuneration.     Agree    Disagree
8. The content that I create or influence for this educational activity will promote improvements or quality in health care and not a specific proprietary business interest of a commercial entity.     Agree    Disagree
9. My presentation, content and/or participation will provide a balanced view of therapeutic options and I will use generic names where possible. If I use trade names in CME educational material, I will use trade names from several companies, where possible.     Agree    Disagree
10. The information I provide on this form will be made known to the planners and participants of the educational activity.     Agree    Disagree
11. If I discuss or demonstrate pharmaceutical and/or medical devices that are not approved by the FDA and/or medical or surgical procedures that involve an unapproved or “off-label” use of an approved device or pharmaceutical, I will disclose such references to learners.     Agree    Disagree
12. I have obtained any necessary copyright permission for any materials used in the presentation or any related materials and understand that POMA is relying on such representation in sponsoring this presentation.     Agree    Disagree

**Participant Presentation Release:**

This educational program may be distributed by POMA in an audio, video or print format for the sole purpose of education. POMA may distribute your live and/or recorded presentation and/or print format presentation to an internet-based learning center. POMA may syndicate your live and/or recorded presentation to other state osteopathic medical associations, POMA members, and non-members through the POMA online library/catalog. All claims for royalties in conjunction with the sale of this webinar or handout materials are waived. No distribution of the recordings by anyone other than POMA or syndicated state associations will be permitted without your permission. If you have any objections to the content being recorded or distributed on the Internet, please indicate by checking the appropriate box below.

- I grant POMA the right and permission to record (audio and/or video) my presentation.
- I grant POMA the right and permission to record (audio and/or video) my presentation, omitting the following content (ex: patient images, research data, etc.). Please specify content to remove from rebroadcast recording:  
\_\_\_\_\_
- I DO NOT want my presentation to be posted online in .pdf format.
- I DO NOT want my presentation rebroadcasted in any way.
- Other (please specify):  
\_\_\_\_\_

13. I have carefully considered each item and have answered all of these attestations to the best of my knowledge.     Agree    Disagree

14. I hereby accept the invitation to participate in this POMA Educational activity.     Agree    Disagree

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If sent electronically, attach and use e-mail acknowledgement.*

**UPON COMPLETION, RETURN TO:  
POMA CME Department  
email [cme@poma.org](mailto:cme@poma.org) • fax 717-939-7255**



## PRACTICE GAP, LEARNING OBJECTIVES & CONTENT VALIDITY FOR LIVE ACTIVITIES

PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

1330 Eisenhower Boulevard, Harrisburg, PA 17111

Faculty Member Name: \_\_\_\_\_

Lecture Title: \_\_\_\_\_

Date(s) of CME Activity: \_\_\_\_\_

### **WHAT IS(ARE) THE PROFESSIONAL PRACTICE GAP(S) THIS LECTURE ADDRESSES?**

Explain what is(are) the problem(s) and why the problem(s) exists.

### **NEEDS ASSESSMENT DATA SOURCE**

What sources and references did you use to determine the problem and identify what learners need to solve it?

### **WHAT CORE COMPETENCIES WILL BE ADDRESSED?**

Check the box next to all core competencies that will be addressed in this activity.

- |  |   |
|--|---|
| <input type="checkbox"/> Patient-centered care                   | <input type="checkbox"/> Systems-based practice         |
| <input type="checkbox"/> Medical knowledge                       | <input type="checkbox"/> Interdisciplinary teams        |
| <input type="checkbox"/> Practice-based learning and improvement | <input type="checkbox"/> Quality improvement            |
| <input type="checkbox"/> Interpersonal and communication skills  | <input type="checkbox"/> Utilize informatics            |
| <input type="checkbox"/> Professionalism                         | <input type="checkbox"/> Employ evidence-based practice |

### **DESIRED OBJECTIVES**

What changes should learners make as a result of attending this activity?

### **CONTENT VALIDITY**

As a contributor to our accredited education programming, we are enlisting your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. Please answer the following questions regarding the clinical content of the education you are presenting.

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options?

- Yes  No

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation?

Yes  No

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations?

Yes  No

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning?

Yes  No

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients?

Yes  No

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