



## AXIS Medical Education CONFLICT OF INTEREST REPORTING FORM

To comply with the Criteria and Standards of Joint Accreditation, AXIS Medical Education, Inc (AXIS) requires all faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers (non-faculty) who are in a position to control content to disclose all relevant financial relationships with an ineligible company using this document on an annual basis. A conflict of interest (COI) exists when individuals have both a financial relationship with an ineligible company and the opportunity to affect the accredited continuing education content of an activity that relates to the product or services of that ineligible entity. The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) each hold the provider of accredited continuing education responsible for collecting information from its faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers of CE content and mitigating those conflicts prior to participating in the control of any content. The intent of the COI mitigation process is to ensure that provider, faculty, and planner financial relationships with ineligible companies and resultant loyalties do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

### CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

Faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers who affect the content of a CE activity are required to disclose to AXIS financial relationships or relationships to products or devices they have with all ineligible entities over the previous 24 months. **An ineligible company is defined by the ACCME, ACPE, and ANCC as 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 [accme.org/standards](http://accme.org/standards).

Name of Reporting Individual: \_\_\_\_\_

Email address: \_\_\_\_\_

Title of CE Activity: \_\_\_\_\_

I am a/an:  Chair/Faculty/Author  Planner/Manager  Reviewer  Other \_\_\_\_\_

NPI Number  I do not have an NPI Number Primary License State \_\_\_\_\_ State License Number \_\_\_\_\_

<b>Type of Financial Relationship WITHIN THE PREVIOUS 24 MONTHS</b>	<b>Indicate Applicable Manufacturer(s)/Company WITHIN THE PREVIOUS 24 MONTHS</b>	<b>Has the Relationship Ended?</b>
Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition above). For each financial relationship, enter the name of the ineligible company and circle the nature of the financial relationship(s). <b>If your financial relationships change at any time after you complete and sign this form, please notify AXIS immediately.</b>	There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. <b>You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.</b>	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.
<b>Please circle the financial relationship you engage in with ineligible companies:</b> Serve(d) as a director, officer, partner, advisor, consultant, or trustee for:		<input type="checkbox"/>
Serve(d) as an employee for an ineligible company (e.g., pharmaceutical company):		<input type="checkbox"/>
Serve(d) as a speaker/member of a speaker's bureau for:		<input type="checkbox"/>
Received research grant from:		<input type="checkbox"/>
Have a 5% or greater equity interest in:		<input type="checkbox"/>
Received income in any amount to do _____ from:		<input type="checkbox"/>
Contracted Research: Only include research funds received directly from industry; grants to your institution are reportable only when you are the person or named investigator on the grant.		<input type="checkbox"/>
Ownership Interest (stocks, stock options, or other ownership interest, <i>excluding diversified mutual funds</i> )		<input type="checkbox"/>
Other. Please specify:		<input type="checkbox"/>

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

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

Date of Submission: \_\_\_\_\_

Signature of Reporting Individual: \_\_\_\_\_