



Financial Relationships for Planners, Faculty, and Others in Control of Activity Content

Name of Individual: _____ PIM ID _____

Activity Title: _____

Please complete & return to: MHRSspeakers@thinktbg.com By: July 27, 2022

Role: Planner Faculty Reviewer Other: _____

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

Please disclose all financial relationships you have had in the **past 24 months** with ineligible entities (definition below). For each financial relationship, enter the name of the entity and the nature of the financial relationship. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible entities. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. You do not need to disclose financial relationships of your spouse or partner.

An **ineligible entity** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. For specific examples, visit accme.org/standards

Nature of Relationship	Company/Companies	Have any of these relationships ended?
Employee/Owner		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Grant/Research Support:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Speakers Bureau/Honoraria for non-CME:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Consultant/Advisory Board:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Non-Mutual funds Stock Ownership/Stock options:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Patent Holder/ Royalties paid to you		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Other financial or material support:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:

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

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

Signature: _____