TENNESSEE MEDICAL ASSOCIATION
Disclosure & Attestation in Continuing Education Activities

Title of Continuing Education Activity__________________________________________________________

Date of Activity ___________________________________________________________________________

Name ___________________________________________________________________________________

Institutional Affiliation________________________________________________________________________

ROLE IN CME ACTIVITY

☐ Course Director ☐ Speaker Presentation

☐ Planning ☐ Author Title

☐ Panelist

As a CME Provider accredited by the ACCME, Tennessee Medical Association (TMA) only certifies activities for AMA PRA Category 1 credit in which the content is based on the educational needs of physicians, rigorous scientific evidence from research or the clinical experience of experts, and was developed independently of commercial influences.

ACCME guidelines require that anyone who is in a position to develop or contribute to the development of the content must disclose to the participants in a continuing education activity any relevant financial relationships with any proprietary entity that produce, markets to, re-sells or distributes healthcare good or services used on or to patients. If financial relationships are present, ACCME guidelines require that an individual who has the financial relationships demonstrate that the information used in the role(s) identified above is based on the educational needs of physicians, rigorous scientific evidence from research or the clinical experience of experts, and was developed independently of commercial influences. ACCME guidelines stipulate that anyone who does not provide the information requested on this form before his or her role in a Continuing Education activity begins, must not be permitted to participate.

Initial all statements (failure to fully complete form may result in speaker being disallowed)

_____ The information I am using in my role in this Continuing Education activity is based on the educational needs of physicians, rigorous scientific evidence from research or my clinical experience, and was developed independently of commercial influences.

_____ I will inform the participants in this Continuing Education activity if I use any information from sources supported by any of my financial interests and will demonstrate that the information was obtained through generally accepted scientific methods.

_____ I will inform the participants in this Continuing Education activity when I discuss or reference an unapproved, unlabelled, or investigational use of a therapeutic agent or biomedical device.

AND

WITHIN THE PAST 12 MONTHS, I or someone in my immediate family, have/has any financial relationships with commercial entities producing, marketing, re-selling or distributing health care goods or services:

_____ I have NO financial relationships to disclose OR

_____ I have a financial interest/arrangement or affiliation with the company(ies) listed below: (Use additional sheet if needed.)

<table>
<thead>
<tr>
<th>Company</th>
<th>Consultant</th>
<th>Research Grant</th>
<th>Speaker Fee</th>
<th>Shareholder</th>
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Print name: ______________________________________________________

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Signature                  Date

Revised 7/1/2016
Tennessee Medical Association Review

- No conflict of interest exists
- Apparent conflict of interest, refer for resolution
- Conflict of interest resolved
- Conflict of interest, cannot participate

Director, Office of Continuing Medical Education

PLEASE FAX COMPLETED FORM TO 615-312-1905

Revised 7/1/2016