

UNC CPD CONFLICT OF INTEREST FORM

Name:	Employer:
Date: 07/01/2023 - 06/30/2024	
DISCLOSURE OF FINANCIAL RELAT	TIONSHIPS
WITHIN THE LAST 24 MONTHS, H COMPANIES?	AVE YOU HAD FINANCIAL RELATIONSHIPS WITH INELIGIBLE
	al relationship after submitting this form, you must submit a revised form e, this form is valid for all activities during the current academic year.)
YES (You must complete the Disc	closure Grid on page 2.)
Financial Relationship: Any relation	ship which benefits you financially. Common types are listed on page 2.
	dollar amount for financial relationships to be significant. s where the money goes to your organization, if you are the Principal
Financial relationships must be repoin the Disclosure Grid.	rted even if they have ended; in such cases, the end date should be noted
	at are ineligible to be accredited in the ACCME System are those whose eting, selling, re-selling, or distributing healthcare products used by or on nies, device manufacturers.
products, education companies (such	als, physician practices, diagnostic labs that do not sell proprietary n as Elsevier or UpToDate), insurance companies, software companies companies), and government agencies. If you are uncertain about the n the Disclosure Grid.
AGREEMENT TO COMPLY WITH U	NC CPD RULES ON SCIENTIFIC VALIDITY AND LACK OF BIAS
	he following rules for planners and presenters at a CME activity: nd and free of bias and must provide a balanced view of therapeutic
•	at is free of commercial bias. I will not promote any products or services of
If I am involved in planning a UNC C	PD activity, I will recuse myself from planning content related to products needs with which I have financial relationships (if any).
	w this COI form and determine whether the financial relationships
If I present at and/or develop conter	nt for a UNC CPD activity, I will provide content and materials for review d make any required changes before presentation or publication.

I understand that my relevant financial relationships, if any, will be disclosed to the learners prior to the activity;

if I do not have any relevant financial relationships, this will also be disclosed.

DISCLOSURE GRID

If you answered yes to the question on page one, please complete the following grid.

Type of Relationship	Ineligible Company	Date Ended**
Ownership Interest* Individuals with a legal duty to act in the company's best interests. Excludes stockholders of publicly traded companies or holders of shares through a pension or mutual fund. Employee* Individuals hired to work for another person or business for compensation and who are subject to the employer's direction as to the details of how to perform the job.		
Stockholder Individual stocks and stock options must be disclosed; diversified mutual funds do not.		
Speaker Fees Excluding honoraria paid by accredited CME providers as part of a CME event.		
Consulting Fees Includes Advisory Boards.		
Research Grants Includes any grants for which you are the Principal Investigator, even if the grant funding is handled by your institution. Government grants do not need to be disclosed.		
Other (please explain)		

NOTE: Certain types of CME activities no longer require planners and presenters to submit COI forms. UNC CPD will notify the educational partner if an activity is exempt from this requirement. Planners and presenters should assume that a COI form is required unless otherwise notified.

Revised 4/5/2021

^{*}Employees and people with ownership interests are prohibited from any involvement in planning CME events. The ACCME also strictly limits their involvement as presenters. If either of these applies, please be sure to submit your COI form with as much advance notice as possible so UNC CPD can verify whether your talk is eligible for credit.

^{**}Financial relationships that were active in the past 24 months but which have since ended must be disclosed, and the end date must be listed.