



Financial Relationships

**FOR PLANNERS, FACULTY, AND OTHERS IN
CONTROL OF ACTIVITY CONTENT**

Name of Individual presenting the abstract:		PIM ID:	(Leave blank)
Email of the abstract presenter:			
Activity Title:	MHSRS 2024		
Please complete/return to:	(Upload this form to MHSRS abstract submission portal)	By:	19 Feb 24
Role:	<input type="checkbox"/> Planner	<input checked="" type="checkbox"/> Faculty	<input type="checkbox"/> Reviewer
		<input type="checkbox"/> 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 the 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		No Yes If yes, list:
Grant/Research Support		No Yes If yes, list:

Speakers Bureau/Honoraria for non- CME		No Yes If yes, list:
Consultant/Advisory Board		No Yes If yes, list:
Non-Mutual funds Stock Ownership/Stock options		No Yes If yes, list:
Patent Holder/Royalties paid to you		No Yes If yes, list:
Other financial or material support:		No 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:
