**Disclosure of Financial Relationship Form**

|  |
| --- |
| **Name of Individual and Credentials:**Click or tap here to enter text.**Date Completed:**Click or tap to enter a date. |

Have you had a financial relationship with an ineligible company\* over the past 24 months?

[ ]  Yes

[ ]  No

\****Ineligible companies*** are those whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

If Yes, please indicate the relationship with the ineligible company(s).

[ ]  Salary

[ ]  Royalty

[ ]  Stock

[ ]  Speakers Bureau

[ ]  Consultant

If Yes, provide the name of the ineligible company: Click or tap here to enter text.

Adapted from the Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education © 2020 by the Accreditation Council for Continuing Medical Education (ACCME®)