



**Disclosure of Relevant Financial Relationships to APsaA**

**Name of individual:** \_\_\_\_\_

**Content of CME Activity:**     CAPS Psychoanalytic Meetings    

**Date of Activity:** \_\_\_\_\_

**Your Role in CME Activity (Check one or both):**  **Planner**       **Presenter or Author**

(A planner is a person, clinician or non-clinician, who is in a position to control, or have responsibility for, the development, management, presentation or evaluation of the CME activity. Examples are members of program, educational, workshop, curriculum, symposium, continuing education, and arrangements committees).

**Commercial Interest**

A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

**Relevant Financial Relationships**

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest**

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

**Instructions**

1. If applicable, list the names of **commercial interests** (proprietary entities entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) with which you or your spouse/partner have, or have had, a **relevant financial relationship** within the past 12 months.. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.
2. Describe what you or your spouse/partner received (ex: salary, honorarium etc). We do not want to know how much you received.
3. Describe your role.
4. If not applicable, check the box below stating: I do not have any relevant financial relationships with any commercial interests.
5. Sign and date the disclosure form.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<input checked="" type="checkbox"/>	I do not have any relevant financial relationships with any commercial interests.	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Example terminology**

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).