**TriHealth Accredited Continuing Education**

**2022 DISCLOSURE DECLARATION**

[TriHealth's Continuing Medical Education (CME) Program sponsors activities that are balanced, independent, and based on the best scientific evidence available. **All individuals in a position to control content of CME are required to disclose any relevant financial relationships with Ineligible companies.**
**This is defined as financial relationships in any amount occurring within the past 24 months with an ineligible company. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.**
Failure to disclose disqualifies the individual from developing, speaking, managing, or otherwise controlling the content of a CME activity. This disclosure must be made known to participants in advance of the activity. Having a relevant financial relationship does not necessarily prevent an individual from being involved in the CME activity. However, the CME Office must implement a mechanism to mitigate the conflict.](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=a7Qint8b2nZ%2fjrU48DVABvrJKy%2fYNAUi9sJBspsskqhRHMCgt3wYwFJei4kpDzTA&TB_iframe=true&height=450&width=650)**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS**

Individuals who have the opportunity to affect the content of CME must disclose whether or not they have a relevant financial relationship with an ineligible company.

**Check one:**

 [ ]  In the past 24 months, I have not had any financial relationships with any ineligible companies. **OR**

 [ ]  I have had a financial relationship with an ineligible company(s) in the last 24 months.

Nature of Financial Relationship(s) Name of Ineligible company(s)

Owner/Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant/Research Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisory /Review Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speakers’ Bureau/Teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stock Shareholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Financial or Material Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that information disclosed above is accurate. This disclosure is valid starting the day of submission through the 2023 calendar year. I agree to contact the CME Office if the information above changes during calendar years 2022-2023.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date PRINT NAME**

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