Add a Planner/Committee Member/Faculty Form

This typed and completed form is required to be submitted to add any persons in a position to control or influence the content of your education is added.

**Title of Activity:**

**Planner/Committee addition:**

Current disclosures must be completed in the Avera CE Portal by all persons in a position to control content of the education **PRIOR** to the start of the planning process, or **PRIOR** to the date the person became involved in the process. Add additional individuals not included on original form here.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Date person in position to control content of education became involved* | *Name of individual and credentials* | *Individual’s role in activity*  *Lead Planner, Committee Member, Content Expert-Committee Member, Peer Reviewer, Faculty/Speaker/Author, etc.* | *Verified no financial changes since disclosure last completed.* | *Use* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)*:*  *Option A: This individual has NO COI, COI is not relevant to this education, or presenting non-clinical content.*  *Option B: This individual is an employee of an ineligible company and has an exception*  *Option C: This individual has a COI that is relevant to this education and Mitigation form completed prior to role assignments occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\*\*If Option B or C is marked, proceed to page 3 to complete Mitigation Measures to Resolve Conflict of Interest* | | | *Leave BLANK if there is no relationship identified with an ineligible company in the last 24 months* | | |
| *Name of ineligible company* | *Nature of relationship(s)* | *Has the relationship ended?* |
| *Example: 1/10/2021* | *John Doe, PhD* | *Faculty* |  | *Option A* | *Option B* | *Option C* | *Pfizer* | *Speakers Bureau* | Yes  No |
|  |  |  |  | *Option A* | *Option B* | *Option C* |  |  | Yes  No |
|  |  |  |  | *Option A* | *Option B* | *Option C* |  |  | Yes  No |
|  |  |  |  | *Option A* | *Option B* | *Option C* |  |  | Yes  No |
|  |  |  |  | *Option A* | *Option B* | *Option C* |  |  | Yes  No |

*When complete, email to* [*averacontinuingeducation@avera.org*](mailto:averacontinuingeducation@avera.org)

|  |
| --- |
| Mitigation Measures to Resolve Conflict of Interest |
| Individual with COI: |

**Select either B or C below.** Use Evaluation of Conflict of Interest Flow Chart to determine appropriate path

|  |  |
| --- | --- |
| *Option B: Select the applicable exemption(s) below for the employee or owner of an ineligible company* | |
| *Content is related to basic science research (such as pre-clinical research and drug discovery or the methodologies of research) and they do not make care recommendations.* | *They are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.* |

|  |  |
| --- | --- |
| Option C Mitigation Options | |
| Mitigation steps for Planners/Committee Members | **Mitigation Steps for Faculty/Others** |
| Divest the financial relationship | Divest the financial relationship |
| Recusal from controlling aspects of planning and content with which there is a financial relationship | Peer review of content by persons without relevant financial relationships.  *Peer reviewer:* |
| Peer review of planning decisions by persons without relevant financial relationships  *Peer Reviewer:* | Attest that clinical recommendations are evidenced based and free of commercial bias (eg. peer-reviewed literature, adhering to evidence-based practice guidelines) [Click here to view Standard 1](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid) |

|  |  |  |  |
| --- | --- | --- | --- |
| I attest that I have discussed these agreed upon mitigation measures with the above named individual. | | | |
|  |  |  |  |
| Date Implemented |  | Signature (Lead Planner or Designated Committee Member) |  |

Relationship ended previously