



Disclosure of Financial Interest

In accordance with the Standards for Integrity and Independence in Accredited Continuing Education, University of Kentucky UK HealthCare CECentral (UKHCCEC) requires all planners, speakers, authors and content reviewers with an opportunity to affect the content of a continuing education activity to disclose any relevant financial relationships during the past 24 months with ineligible companies.

An ineligible company is an entity whose primary business is producing, marketing, selling, re-selling or distributing healthcare products or services used by or used on patients. Excluded from the definition of ineligible companies are non-profit or government organizations, non-health care related companies, liability insurance companies, health insurance providers, group medical practices, and for-profit hospitals, rehabilitation centers and nursing homes.

There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. Persons refusing to disclose or resolve relevant financial relationships will be disqualified from being a part of the planning and implementation of this CE activity. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit acme.org/standards.

Name: _____ Affiliation: _____

Activity Role: ☐ Speaker ☐ Author ☐ Planner ☐ Content Reviewer ☐ Other : _____

☐ I **have not** had any relevant financial relationships during the past 24 months.

☐ I **currently have or have had** the following relevant financial relationships (in any amount) during the past 24 months:

Name of Ineligible Company	Nature of Financial Relationship *	Has the Relationship Ended? **

***Examples include::** speaker, author, consultant, independent contractor (including research), employee, investor, advisory committee member, board member, review panelist, or investigator

****If the financial relationship existed during the last 24 months, but has now ended, please indicate Yes or No. This will help education staff determine if any mitigation steps need to be taken.**

By signing below, I attest that the above information is correct as of this date of submission.

Signature

Date

Return to: [coordinator](#) @ [email](#) | fax (859) 323-2920
20210501 rev

Activity Code: _____