

<date> >

<address1> >
<address2> >
<address3> >

Dear <insert name of Faculty Member/Author/Teacher>:

RE: Relevant Financial Relationships with Commercial Interests

We are pleased that you are willing and able to participate in our CME activity scheduled for <Insert date> at the <insert location> in <insert city>.

SUNY Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, we have made the choice to meet the ACCME's expectations for our practice of continuing medical education. Our accreditation is important to us. We look forward to working together to provide CME at the highest standard.

The activity we have asked you to participate in is based on <insert identified need>. We have planned the activity so that <insert expected result>. The purpose or objective of your contribution is <insert purpose or objective> and we expect the content will relate to <insert summary of content>.

SUNY Downstate Medical Center has implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interest (see below for definition). In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please provide us with the following information by <insert date>. This information is necessary in order for us to be able to move to the next steps in planning this CME activity. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CME activity.

First, on the attached form, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex: salary, honorarium etc). SUNY Downstate Medical Center does NOT want to know how much you received.

Third, describe your role.

Again, thank you for agreeing to work with us in this CME activity. We look forward to this activity making an important contribution to the continuing professional development of our learners and to your professional practice.

Sincerely,
<Insert Name>
<Insert Job Title>

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a 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. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.