

This form is used to document the action(s) taken to mitigate relevant financial relationships of planners, faculty, and other members participating in the Southern Regional AHEC Continuing Medical Education activities.

| Activity T | itle | | | | | |
|---|---|--|--|--|--|--|
| Presentat | tion Title | | | | | |
| Activity D | ate(s) | | | | | |
| Speaker N | Name | | | | | |
| | STEP 1: Ex | clude Owners or Employees of Ineligible Companie | es | | | |
| pa: oth | rticipating as planners or faculty. A ners, exclude any persons who are | nancial relationships and exclude owners or employ ter collecting all financial relationships from prospe owners or employees of ineligible companies. Inelig ing, selling, re-selling, or distributing healthcare pro | ective planners, faculty, and gible companies are those whose | | | |
| STEP 2: Determine Relevant Financial Relationship | | | | | | |
| relationsh relevant i | nips with ineligible companies are not the following three conditions are not the following three conditions are not the financial relationship, in any amout the financial relationship existed d | elevant to the content of the education you are pla met for the prospective person who will control count, exists between the person in control of contenting the past 24 months. ted to the products of an ineligible company with v | nning. Financial relationships are ontent of the education: t and an ineligible company. | | | |
| | e of Ineligible Company(ies) | of Ineligible Company(ies) Role(s) | | | | |
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| | | STEP 3: Choose a Mitigation Strategy | | | | |
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the accredited activity in support or justification of patient care recommendations conforms to the generally accepted

standards of experimental design, data collection, and analysis.



Continuing Medical Education Identification and Mitigation of Relevant Financial Relationships

Altered control over content:

Choose someone else to control that part of the content

Changed the focus of the accredited activity

Changed the content of the person's assignment

Limited the sources for recommendations

| | STEP 4: Document | the Mitigation Strate | gy(ies) | |
|--------------------------------------|----------------------------------|--|---------------------------|---------------------------|
| Name of Person | Role(s) in Activity | Step(s) Taken to Mitigate Relevant Financial Relationship | | Date Implemented |
| | | | | |
| My digital signature below | indicates that I have identified | l and mitigated all re | levant financial relation | onships for this activity |
| SR-AHEC CME Signature | | Date | | |
| Course Medical Director Signature | | Date | | |
| Resolution Comments | | | | |