

CME POLICY FOR DISCLOSURE OF CONFLICTS OF INTEREST

The following policy governs all Louisiana Academy of Family Physicians (LAFP) produced CME activities of all types, including live, performance improvement in practice, point of care, enduring materials and medical journals. The intent of this policy is not to prevent individuals from participating, but rather is to identify and resolve any conflict of interest. Should resolution be impossible, a replacement for the individual must be chosen.

1. COLLECTION OF ALL FINANCIAL RELATIONSHIPS

All individuals in a position to control content must disclose online to the LAFP the existence of any financial relationships they or their spouse or domestic partner have had with [ineligible companies](#) within the previous 24 months (36 months for journal editors and editorial board members) or might have within the foreseeable future. An ineligible company is defined as one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Individuals must disclose all financial relationships with ineligible companies, regardless of the amount or the potential relevance to the education.

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, and ownership interest. Ownership of individual stocks and stock options should be disclosed; ownership of diversified mutual funds does not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Disclosure information must be received and reviewed by the LAFP prior to confirmation of the individual's participation. The disclosure will be reviewed and, should a conflict be identified, additional information or dialogue may be required. Failure or refusal to disclose online by the due date, false disclosure, or the inability to work with the LAFP to mitigate an identified financial relationship will result in withdrawal of the invitation to participate and replacement of the individual. It is necessary to update disclosure information should the status change during the course of the CME activity.

2. IDENTIFICATION OF RELEVANT FINANCIAL RELATIONSHIPS

The LAFP will have read-only access to all disclosure forms and will review the submitted information to determine which relationships are relevant to the education. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

Owners and employees of ineligible companies must be excluded from controlling content or participating as planners or faculty in accredited education. Three exceptions to this exclusion outlined in [ACCME Standard 3.2](#) may be considered by the LAFP.

The intent of this policy is not to prevent individuals from participating, but rather to identify and mitigate any relevant financial relationships. Should mitigation be impossible, a replacement for the individual must be chosen.

3. MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS

Should no conflicts of interest be identified, the individual may be confirmed in his or her role in the activity.

Should a relevant financial relationship be identified a mitigation strategy will be assigned and discussed with the individual prior to assuming their role in the activity. Should resolution be impossible, a replacement for the

individual must be chosen. Resolution methods will be determined based on the individual's role in the activity and may include, but not be limited to, one or more of the following:

1. Conduct peer review of the content prior to the activity to ensure it is based on the best available, highest strength evidence available. The activity faculty or authors must be responsive to revision requirements.
2. Assign a different topic for the individual.
3. Limit the scope of the topic the individual may control.
4. Terminate the relationship with the individual.

All mitigation strategies must be implemented prior to the activity. The mitigation process and outcome will be documented in the activity file, with a copy forwarded to the LAFP for tracking and reporting purposes.

On-site and post-activity audits will be conducted at random to ensure that LAFP CME activities are unbiased and offered in compliance.

4. DISCLOSURE TO LEARNERS

Acknowledgement of all relevant disclosures as determined by the LAFP —i.e., nothing to disclose or existence of affiliation(s), and/or financial relationship(s) or interest(s)—for every individual who serves in a position to influence/control content of the educational activity must be presented in writing to the learners prior to presentation.

Before a learner engages in the education, the LAFP will disclose all relevant financial relationships, or lack thereof, for all individuals in a position to control content. When disclosing a relevant financial relationship, the following will be shared:

1. Names of the individuals
2. Names of the ineligible companies with which they have relationships
3. The nature of the relationships
4. The topic areas involved
5. A statement that all relevant financial relationships have been mitigated

Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Learners must also be informed about individuals in a control of content with no financial relationships with ineligible companies (either individually or as a group).

If you have questions about your disclosure or relevant financial relationships, please contact rleblanc@lafp.org before completing this form.

CME DISCLOSURE FOR CONFLICTS OF INTEREST FORM

Name:	Email Address:
Address:	
City/State/Zip:	
Office Phone:	Cell Phone:
Presentation Title:	Date/Time of Presentation:
Role you hold specific to this CME activity: ☐ LAFP Physician Leadership ☐ Education Committee Member ☐ Presentation Faculty ☐ CME Company Organizer	
Tax ID # or Social Security # ☐ N/A	Date of Birth: ☐ N/A

Full Disclosure for CME Activities

All individuals in a position to control content must disclosure online to the LAFP any financial relationships they or their spouse or domestic partner have had with [ineligible companies](#) within the previous 24 months (36 months for journal editors and editorial board members) or might have within the foreseeable future. *An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Individuals must disclose all financial relationships with ineligible companies, regardless of the amount or the potential relevance to the education.*

☐ A. In the past 24 months (36 months for journal editors and editorial board members), I have not had a financial relationship with an ineligible company.

☐ B. In the past 24 months (36 months for journal editors and editorial board members), I have had a financial relationship with an ineligible company. Check all that apply:

- | | | |
|---|---|--------------------------------------|
| ☐ Research Grants | ☐ Consultant or Advisory Board | ☐ Employment |
| ☐ Speakers' Bureau** | ☐ Consultant for Fee | ☐ Partnership |
| ☐ Ownership | ☐ Manuscript Preparation ** | ☐ Honorarium |
| ☐ Receipt of Equipment or Supplies | ☐ Stock/Bond Holdings (excluding mutual funds) | |
| ☐ Other (Please List) _____ | | |

Please indicate the names and organization(s) with which you have a financial relationship or interest, the type of relationship, and the topic area that correspond to the relationship. If more than four relationships, please list on a separate piece of paper.

Organization with which Relationship Exists	Type of Relationship	Topic Area(s) Involved
1.		
2.		
3.		
4.		

**** If you checked "Speakers' Bureau" in Item B, please continue:**

1. Did you participate in company provided- speaker training related to your topic? ☐ Yes ☐ No
 2. Did you travel to participate in this training? ☐ Yes ☐ No
 3. Did the company provide you with any slides or the presentation in which you were trained as a speaker? ☐ Yes ☐ No
 4. Did the company pay the travel/lodging/other expenses? ☐ Yes ☐ No
 5. Did you receive an honorarium or consulting fee for participating in this training? ☐ Yes ☐ No
 6. Have you received any other type of compensation from this company? If yes, please specify: ☐ Yes ☐ No
-
7. When serving as faculty for the LAFP, will you use slides provided by a proprietary entity? ☐ Yes ☐ No
 8. Will your topic involve information or data obtained from commercial speaker training? ☐ Yes ☐ No

**** If you checked "Manuscript Preparation" in Item B, please continue:**

1. Was any assistance provided by a commercial interest, medical communications company, or professional writer? ☐ Yes ☐ No
If yes, please describe who provided the assistance: _____
-
2. Was this topic suggested by an advisory panel that receives support (ex: educational grant) from a commercial interest? ☐ Yes ☐ No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

☐ A. The content of my material(s) / presentation(s) in this CME activity **WILL NOT** include discussion of unapproved or investigational uses of products or devices.

☐ B. The content of my material(s) / presentation(s) in this CME activity **WILL include** discussion of unapproved or investigational uses of products or devices.

☐ I have read and understand the LAFP policy on full disclosure. If I have indicated a financial relationship, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and I may be asked to provide additional information. I understand that it is necessary to notify relevant staff and update disclosure information should my status change during the course of the CME activity. I understand that failure or refusal to disclose, false disclosure, or inability to resolve any relevant financial relationships will disqualify me from participating in this activity.

Signature: _____

Date: _____

Please upload this form with your CME Faculty Proposal Application or return the form by January 29, 2027 to:

Ragan LeBlanc

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Phone: 225.923.3313 • rleblanc@lafp.org