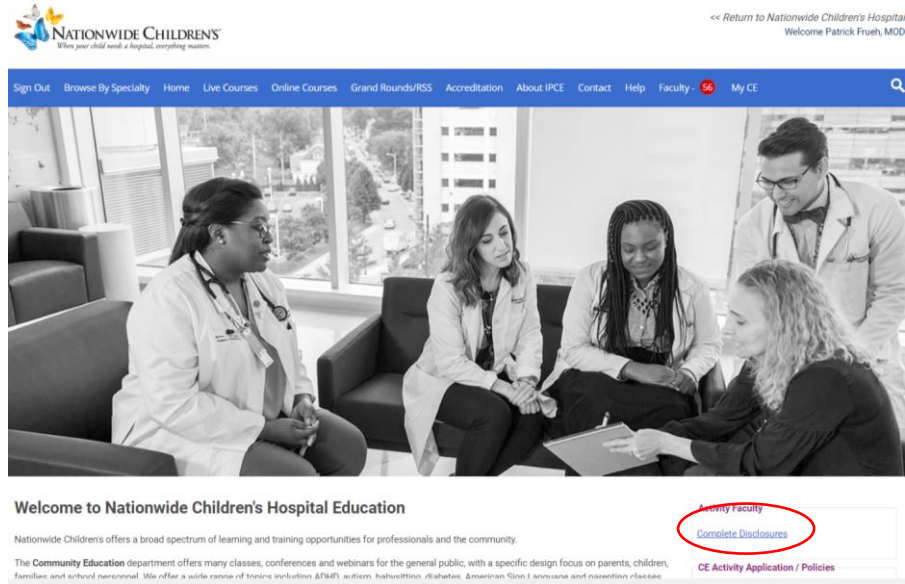


How to Complete Your Conflict of Interest (COI) Disclosure Form.

From the Cloud CME Page, click on **Complete Disclosures**



The disclosure page will look like this.

Scroll to the bottom of the page where the questions are. The next slide will show how it will look.





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When your child needs a hospital, everything matters.

If you have relationships to disclose, select the nature of that relationship in the drop down menu.

Then, Scroll through the list of ineligible companies until you find the one you have a relationship with.

Please Note: If the company you need to disclose isn't listed, scroll down and select "Other"

This will allow a text box to appear below the question to write-in the company.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- No. In the past 24 months, I have not had a financial relationship with an ineligible company.

To add additional relationships, click the green plus sign. You can remove a relationship by clicking the red minus sign.

Please specify your relationship: +

Nature of the Financial Relationship *	Name of the Ineligible Company: *	Relationship Ended? *
Advisor		<input type="radio"/> Yes <input type="radio"/> No
Consulting Fee		
Employment		
Executive		
Grant or research support		
Honoraria		
Independent Contractor (included contracted		

Yes No

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- No. In the past 24 months, I have not had a financial relationship with an ineligible company.

To add additional relationships, click the green plus sign. You can remove a relationship by clicking the red minus sign.

Please specify your relationship: +

Nature of the Financial Relationship *	Name of the Ineligible Company: *	Relationship Ended? *
Consulting Fee	McKesson	<input type="radio"/> Yes <input type="radio"/> No
	McKesson	
	McKesson	
	McKesson	
	Novocure	
	Other	
	Smith & Nephew	

Yes No

Please specify your relationship: +

Nature of the Financial Relationship *	Name of the Ineligible Company: *	Relationship Ended? *
Consulting Fee	Other	<input type="radio"/> Yes <input type="radio"/> No
	Company, if other:	

<p>If you have multiple relationships, click the green plus icon in the top right corner and repeat the process for however many relationships you need to disclose.</p>	<div data-bbox="397 388 1421 598"> <p>Please specify your relationship: ⓘ ⊖ ⊕</p> <p>Nature of the Financial Relationship ⓘ Name of the Ineligible Company: ⓘ Relationship Ended? ⓘ</p> <p>Advisor Other <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Company, if other:</p> <p>ACME Co.</p> </div> <div data-bbox="397 630 1421 745"> <p>Please specify your relationship: ⓘ ⊖ ⊕</p> <p>Nature of the Financial Relationship ⓘ Name of the Ineligible Company: ⓘ Relationship Ended? ⓘ</p> <p> <input type="radio"/> Yes <input type="radio"/> No</p> </div>
<p>When you've finished your disclosures, Complete the questions in the attestation section and hit "Submit" when ready.</p>	<div data-bbox="397 892 1291 934"> <p>Attestation</p> </div> <p>I have disclosed all relevant financial relationships and I will disclose this information to learners.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>I attest that the above information is correct as of this date of submission (sign below):</p> <p>Type your full name below to sign: Date</p> <p><input type="text" value="Patrick Frueh"/> <input type="text" value="9/26/2023"/></p> <p><input type="button" value="Submit"/> <input type="button" value="Reset"/></p>
<p>Still have questions? Reach out to us at IPCE@nationwidechildrens.org</p>	