

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FOR RUTGERS SINGLE SIGN-ON USERS

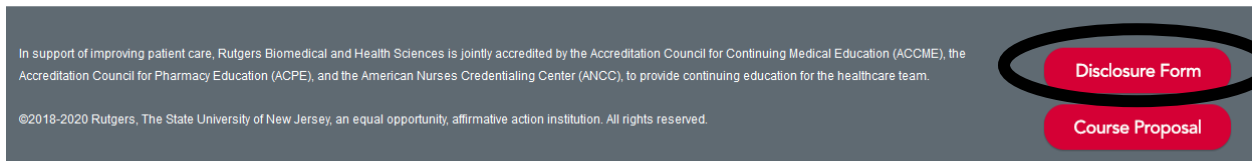
Step 1: Go to <https://rutgers.cloud-cme.com>.



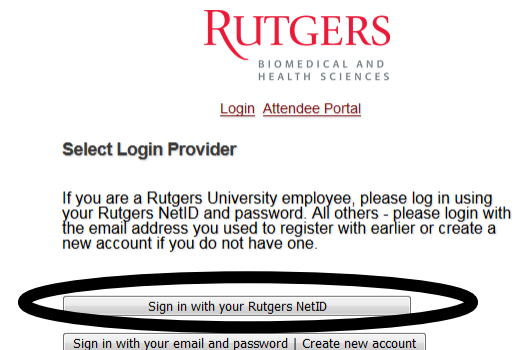
Welcome to Rutgers Biomedical and Health Sciences (RBHS) Interprofessional Continuing Education (IPCE)



Step 2: Scroll to the bottom of the screen and click “Disclosure Form” on the bottom right corner.



Step 3: When prompted to select Login Provider, select “Sign in with your Rutgers NetID”



Step 4: Enter your Rutgers NetID and Password on the Central Authentication Service screen

Enter your Rutgers NetID and Password

NetID:

Password: Ensure proper security — keep your password a secret

Authentication Type:

Notify me before logging me into other sites.

To protect your privacy, please logout and exit your browser when you are done accessing services that require authentication

[Forgotten NetID or password?](#) First-time users, [activate your NetID.](#)

NOTE: If this is your first time signing in to CloudCME, you may be prompted to complete your profile.

Step 5: Once you are logged in, the disclosure form will appear. Please review and complete the disclosure form.



[Logout](#) [Attendee Portal](#)

Disclosure of Relevant Financial Relationships for Continuing Professional Education

As an accredited continuing education provider, Rutgers Biomedical and Health Sciences must ensure balance, independence, objectivity, and scientific rigor in all its certified educational activities. As such, Rutgers requires **all individuals in a position to control the content of an educational activity** to provide a signed disclosure form prior to the initiation of the activity. In order to ensure its CE activities promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest, Rutgers will identify and resolve all conflicts of interest prior to the delivery of the educational activity to the learner. **Based on this disclosure information, Rutgers may disqualify any individual from planning and implementation if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.**

Individuals are required to disclose **all relevant financial relationships with commercial interests** (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CE activity, and which relate to the content of the educational activity, causing a *conflict of interest*. Financial relationships create conflicts of interest in CE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CE about the products or services of that commercial interest.

In accordance with the Standards for Commercial Support set forth by the Accreditation Council for Continuing Medical Education, the undersigned understands and accepts the policies and standards as set forth in this document.

All disclosure declarations must be communicated to the audience by means of a notation in the program or syllabus, or verbally by the activity director or moderator prior to the beginning of the activity. Individuals who do not provide the requested disclosure information will be disqualified from participating in the development and delivery of a CE activity.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Elizabeth Ward

Please indicate your role for this activity:

- Faculty Director/Planning Committee Reviewer

Step 6: When all information has been entered in the disclosure form, please click in the Signature field, electronically sign the document and click “Submit”.

I certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the development and implementation of this educational activity.

Signature

Signature Image

Date

3/12/2019



Submit

Reset x