TO:

DATE:

SUBJECT: **ACTIVITY TITLE**

 **SPEAKER RESPONSIBILITES AGREEMENT**

PLEASE READ THE FOLLOWING AGREEMENT, SIGN AND RETURN ONE COPY TO **CONTACT** VIA FAX AT **FAX** OR EMAIL AT **EMAIL** BY **DATE.** ANY QUESTIONS RELATED TO THIS AGREEMENT CAN BE DIRECTED TO **CONTACT** at **PHONE .**

Thank you for agreeing to participate as a speaker at our CME activity entitled ***TITLE*** scheduled for **DATE** at **VENUE** in **CITY**, **STATE**. We appreciate your involvement in this educational activity. We look forward to this activity making an important contribution to the continuing professional development of our learners.

This activity is provided by **JOINT PROVIDER** and Rutgers Biomedical and Health Sciences. Rutgers Biomedical and Health Sciences (RBHS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. As such, we are expected to conform to the ACCME’s requirements regarding the planning and implementation of our CME activities. Please carefully consider the following information as you prepare to participate in the activity.

* Your presentation is entitled: Title
* Scheduled start and end time of your presentation: Time
* You will be paid $ for this presentation plus reasonable expenses <delete bullet if payment of honorarium and/or reimbursement of expenses does not apply>

**EDUCATIONAL CONTENT**

As the CME provider of this activity, RBHS is required to adhere to strict guidelines regarding the educational content presented at its CME activities. As a speaker, you will be responsible for developing your educational material in the following manner:

* Promoting improvement and quality in healthcare, and not a specific proprietary business interest of a commercial interest.
* Providing clinical recommendations based on evidence that is accepted within the practice of medicine that adequately justifies the indications and contraindications in the care of patients.
* Presenting scientific research in support, or justification of a patient care recommendation, that conforms to generally accepted standards of experimental design, data collection and analysis.
* Providing research findings and therapeutic recommendations based on the best available evidence and is scientifically accurate and up-to-date, and presented in a balanced, objective manner.
* Using generic names when discussing therapeutic options. Trade names may only be used if they are used in conjunction with the generic name AND those of several companies must be mentioned in conjunction with the generic name; not just trade name of a single company.
* Disclosing off-label or investigational uses of drugs or devices to the learners.
* Ensuring that any slides or content that have been previously used in a promotional presentation are not included in the content of the CME activity.
* Ensuring that “data on file” is not used in educational materials as this data is by definition not peer reviewer, cannot be verified, and is not accessible to the learners for further study.
* Ensuring that your presentation is free of any information that would allow a specific patient to be identified. Should you decide to utilize case studies, images, or video vignettes that could violate patient confidentiality, a written release must be on file with **JOINT PROVIDER**. **If you do not have a release form and one is required, please contact us for further discussion.**

**DISCLOSURE**

You must disclose any relevant financial relationships (in any amount occurring within the past 12 months) with any commercial interest (an **entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients)** to the activity audience. **A Disclosure Declaration Form must be completed at** [**https://rutgers.cloud-cme.com**](https://rutgers.cloud-cme.com)**; you will receive an email with a link to the form. Information provided by you on this form will be included in the activity materials. Individuals who fail to provide disclosure information cannot participate in the activity.** RBHS and **JOINT PROVIDER** will use this information to identify any potential conflicts of interest. If a conflict of interest is found, measures to resolve the conflict will be employed prior to the start of the CME activity. As a result, it is imperative that you **complete** **the Disclosure Declaration Form by AT LEAST 2 WEEKS OF LETTER DATE**.

**RESOLUTION OF CONFLICT OF INTEREST**

If RBHS determines that your disclosure form indicates the presence of a real or potential conflict of interest, the educational content that you plan to present must be reviewed by a qualified independent reviewer. This ensures oversight of the educational product and also serves to resolve potential conflicts of interest. As such, **JOINT PROVIDER** will identify a qualified independent reviewer to review the content for fair balance, presence of commercial bias, scientific objectivity of studies referenced in the materials or used as the basis for content, appropriateness of patient care recommendations made to learners, etc. If there are concerns identified by the reviewer, you will be contacted with these concerns for potential resolution. Therefore, please note that your **slides and handouts will be due to us LATER THAN AT LEAST 3 WEEKS FROM ACTIVITY DATE** to allow for content review and handout preparation, if applicable.

**INDEPENDENCE FROM INDUSTRY**

There has been a great deal of concern expressed about the pharmaceutical and medical device industries having inappropriate influence on the content of CME activities. Contact between representatives of industry and any of our staff or speakers regarding the development or conduct of our activities is prohibited. Please do not discuss any CME activity with any industry representatives with whom you may come into contact. Furthermore, in the unlikely event that someone from a manufacturer attempts to speak with you about the activity, please refer that individual to us. We would also appreciate you letting us know of any such contact.

**SUMMARY:**

* Contact us if you are utilizing case studies, images, video, etc. that could violate patient confidentiality and you require a release form
* Submit Disclosure Declaration Form by **DATE**
* Submit slides/handout materials by **DATE**
* Sign and return this agreementby **DATE**
* All requested materials should be submitted to **CONTACT**. Please contact **CONTACT** at **PHONE** with any questions.

By my signature, I agree to all of the aforementioned elements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Type Name**