TO:

DATE:

SUBJECT: **ACTIVITY TITLE**

 **SPEAKER RESPONSIBILITES AGREEMENT**

PLEASE READ THE FOLLOWING AGREEMENT, SIGN AND RETURN ONE COPY TO **CONTACT** VIA 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 CE 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 jointly 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 accreditation requirements regarding the planning and implementation of our CE 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 CE provider of this activity, RBHS must demonstrate compliance with accreditation requirements regarding the educational content presented at its CE 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 an ineligible company or a product or service that may serve your professional or financial interests. An ineligible company is an entity whose primary business is marketing, re-selling or distributing healthcare products used by or on patients.
* Providing recommendations based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* Presenting scientific research in support or justification of a patient care recommendation, that conforms to generally accepted standards of experimental design, data collection, analysis, and interpretation.
* Identifying any new and evolving topics with a lower or absent evidence base, while avoiding advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
* 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.
* 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 or have been created by an ineligible company are not included in the content of the CE activity.
* Ensuring that any slides or content you present does not contain any corporate or product logos of ineligible companies.
* Ensuring that “data on file” is not used in educational materials as this data is by definition not peer reviewed, 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**.

**DISCLOSURE**

You must disclose all financial relationships with ineligible companies in any amount occurring within the past 24 months regardless of the potential relevance to the education. **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 determine if your financial relationships are relevant to the education, and if necessary, take steps to mitigate those relationships prior to your presentation. As a result, it is imperative that you **complete** **the Disclosure Declaration Form by AT LEAST 2 WEEKS OF LETTER DATE**.

**PEER REVIEW**

If RBHS determines that your disclosure form indicates that your financial relationships are relevant to the activity, a qualified independent reviewer must review the educational content that you plan to present. This ensures oversight of the educational product and serves to mitigate any relevant financial relationships. 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 NO 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 CE 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 CE 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:**

* 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.

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(Signature) (Date)

**Type Name**