# Content Validation Policy

The Course Director of this activity has ensured that the content of this presentation conforms to the ACCME policy activities which require accredited providers ensure that:

1. All the recommendations involving clinical medicine in a CME activity must 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.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

# FACULTY DISCLOSURE POLICY

It is the policy of Saint Louis University School of Medicine to ensure balance, independence, objectivity and scientific rigor in its continuing medical education program. Faculty and planning committee members participating in these activities are required to disclose to the audiences prior to the activity the following:

1. A relevant financial relationship within the past 12 months (including themselves and their spouse/partner) as defined by the ACCME.

The ACCME defines a “commercial interest” as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.

1. Their intention to discuss a product that is not labeled for the use under discussion.
2. Their intention to discuss preliminary research data.

**HIPAA Compliance**

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient’s/client’s knowledge and written authorization.

I agree that my presentations will be in compliance :\_\_\_\_\_\_\_\_\_\_\_\_\_(INITIAL HERE)

As Course Director/Planner/Course Faculty/Presenter of the course named below, I have read and agree to adhere to the policies stated above:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Name:**

**Course Date(s):**