University of Virginia School of Medicine
Office of Continuing Medical Education

* HOW TO…

Complete the Faculty Disclosure Conflict of Interest (COI)

This tutorial will walk you through the necessary steps to successfully complete and submit the online Disclosure of Conflicts of Interest.
* STEP 1: LOG IN

http://cmetracker.net/UVACME/login?FormName=DiscLoginLive

This link brings you to the Login page:

As a new user you will need to create a password and profile.

If you are already a user, you can skip to Step 4

Each conference has one activity code. Please check with your Program Manager if you have any questions.
STEP 2: Enter Last Name & Birth Date

You may have existing attendance records from an older account.

To transfer existing attendance records to your new email-based account, please provide your Last Name and your Birth Date, then click 'continue'.

Last Name:  
Birth Date: mm/dd/yyyy

Continue

STEP 3: Create your online profile
**STEP 4: Complete Disclosure Form**

Login to the system again using the activity code assigned. The online Disclosure form will open.

**DISCLOSURE FORM**

**Conflict of Interest**

INSTRUCTIONS: Please read through the following definitions regarding the University of Virginia Conflict of Interest Policy and then complete the form below.

The University of Virginia Health System (School of Medicine and School of Nursing Continuing Education Programs) is utilizing a standardized mechanism for the identification, review and analysis of any commercial or promotional financial relationship(s) that may affect the independence, integrity and scientific balance of continued professional development (CPD) or continuing education (CE) activities receiving credit or contact hours.

The Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Pharmacy Education (ACPE) as well as other accrediting organizations have agreed on the definition of a commercial interest.

A commercial interest is defined as "any proprietary entity producing, marketing, re-selling, distributing or otherwise participating in or profiting from the distribution, promotion or sale of healthcare goods or services consumed by/or used on patients.

The identification and management of potential Conflict of Interest is a primary responsibility for the accredited Provider Unit (PU) or designated entity/office responsible for independent continuing education in the health professions (CME, CNE, CPE, etc.).

All individuals with the opportunity to control the content of an independent continuing education activity are required to disclose the presence or absence of any financial affiliations with commercial entities.

All of the accrediting bodies, consider "any financial relationship with a commercial interest that occurs within the past 12 months for you and your significant other (spouse) required elements in the disclosure process.

In responding to the statements below, please identify any potential financial relationships with commercial interests that may constitute a conflict of interest.

☐ Please check this box if nothing has changed in your current disclosure.

* Role in CE/CPD Activity.
☐ Course Director
☐ Planning Committee
☐ Speaker/Author

Please type your name in the signature box. The date will be automatically populated. Then click “Submit”.

☐ * I have carefully considered each item and have answered all of these attestations to the best of my knowledge. Typing your signature below will serve as your electronic signature.

* Signature

* Sgn Date (mm/dd/yyyy)

01/11/2016

Submit