Continuing Education (CE) Information Sheet

Series Title: **Session Date:**

Course Director (first name, last name, degree):

Section 1: Accreditation and Credit Designation

In support of improving patient care, the University of Pittsburgh 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.

Step 1: Select the credit approved for this session and insert the number of credit(s) awarded.

Physician (AMA CME)	☐	The University of Pittsburgh School of Medicine designates this live activity for a maximum of AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Physician Assistant (AAPA CME)	☐	This activity is designated for AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.
Nursing (ANCC CNE)	☐	The maximum number of hours awarded for this Continuing Nursing Education activity is approved for contact hours.
Pharmacy (ACPE CPE	☐	Pharmacy (CPE) This knowledge-based activity provides contact hours of continuing pharmacy education credit.

To comply with accreditation requirements, disclosure of relevant financial relationships with an ineligible company for the course director and planning committee is provided at http://cce.upmc.com/RSS.

Section 2: Presenter(s)/Moderator Information

All presenter(s)/moderator MUST be listed **(Step 2A)** and any financial relationships MUST be disclosed **(Step 2B)**.

Step 2A: List **ALL** presenters. If this is a **case conference or committee** identify a moderator.	***Step 2B:** Did the presenter/moderator disclose any financial relationships with an ineligible company(s)?
	No relationship(s) with an ineligible company(s) were disclosed. No further action necessary
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*If **no relationships are disclosed in Step 2B**, no further action necessary. This form is complete and ready for submission.

Step 2C: Is the content of the session non-clinical (e.g., leadership, communication skills)?

☐ The content is non-clinical. **No further action necessary. This form is complete and ready for submission.**

☐ The content is clinical. **Complete Section 3: Identification and Mitigation of Relevant Financial Relationships.**

Section 3: Identification and Mitigation of Relevant Financial Relationships

Step 1: MUST be completed for all individuals whom were **not excluded in Section 2** before assuming their role in the session.
Step 2: The Course Director (or designee), with no relevant financial relationships, is responsible for reviewing the content and implementing a mitigation strategy prior to the individual assuming their role in the session. For additional guidance visit: http://cce.upmc.com/coi.

Mitigation strategies (multiple strategies may be selected):

1. The relationship has ended.
2. The individual is an employee of an ineligible company or owns private stock in an ineligible company and **MUST BE** excluded from participating.
3. The content of the presentation is non-clinical (e.g., leadership, communication skills, etc.)
4. **The course director or designee attests that the content has been reviewed and found to be evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).** (Most Common)
5. The course director or designee facilitated a peer review of content by peers without relevant financial relationships. Peer review must be documented using the Mitigation Peer Review Form, http://cce.upmc.com/coi.
6. Other mitigation strategies must be approved by the UPMC Center for Continuing Education in the Health Sciences.

Step 3A: List each individual/relationship on a separate line.

Reminder: Only list individuals whom were not excluded in Section 2.

Step 3B: Who was responsible for mitigation?

☐ Course Director **OR** ☐ *Designee

Step 3C: Select the mitigation strategy implemented from the list above.

Name	Company Name	Nature of the Relationship	Mitigation Strategy	Date Implemented
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	
First Name, Last Name	Enter Company Name	Grant/Research Support	#1	