



Indian Medical Association of Southern California

Dear Dr. <Last Name>,

On behalf of the IMASC *CME committee* I want to thank you for agreeing to participate as a faculty member for our upcoming Category 1 accredited CME activity.

Your participation will be invaluable to the success of this activity. Here are the details specific to your presentation:

TITLE:

DATE:

TIME:

VENUE:

ADDRESS:

Please review, complete and sign all attached forms and send the listed documents to the attention of Parvinder Wadhwa, MD, Chair, IMASC CME as soon as possible, via email to [<email>](mailto:parvinder.wadhwa@imasc.org). May I request you to send in your presentation via Email so that the committee can validate the contents for presentation as per the requirements of the Institute of Medical Quality (IMQ).

- 1) Curriculum Vitae
- 2) Disclosure Form completed and signed
- 3) Content Validation Form completed and signed
- 4) Cultural Diversity Form completed and signed
- 5) Audiovisual Needs Request Form completed
- 6) PowerPoint Slides and/or other handout materials

IMASC is sponsoring this activity and is accredited by the IMQ to provide *AMA PRA Category 1* Credit. As such we plan and conduct educational activities that meet the IMQ's rigorous standards and expectations regarding evidence based content, objectivity, balance and absence of commercial bias. To this end, one of the forms you are being sent and requested to complete, sign and return is a ***Disclosure Form***.

If you indicate on the Disclosure Form that you have any conflicts of interest, the committee needs to review contents for bias before the CME credit is awarded.

To ensure what is taught comes from the evidence based literature, we have developed a "***Content Validation Form***". Please review, complete, sign and return with the other forms.

In furtherance of impartiality, we request that you use all generic drug names in your presentation as well as inform the audience when you are discussing off-label drugs or drugs currently under scientific research.

As of July 1, 2006, it is the law that every presentation delivers information relative to diversity or linguistics. Please review the **Cultural Diversity Form**, complete, sign, and fax back along with the other forms. To read more about this Bill, please view the following website: <https://www.cme.ucsf.edu/AB1195.aspx>

At the conclusion of this activity participants will be asked to evaluate both overall educational content and whether or not they observed any commercial bias in the presentation.

A copy of the new ACCME Standards of Commercial Support is available and will be sent to you at your request for your reference.

If you have any questions, please do not hesitate to contact me at (714) 549-1294

Sincerely,

Parvinder Wadhwa, MD
Chair, IMASC CME.

Enclosures: Disclosure Form
Content Validation Form
Cultural Diversity Form
ACCME Commercial Guidelines



Indian Medical Association of Southern California

Faculty Disclosure Form

It is the policy of IMASC CME Committee to ensure balance, objectivity, independence, and scientific rigor in all CME activities. Anyone engaged in activity content development, planning, or presentation must complete this form. "A commercial interest is any proprietary entity producing, marketing, re-selling, distributing or otherwise participating in or profiting from the distribution, promotion or sale of health care goods or services consumed by, or used on, patients."

Name: _____

Activity: _____

Title: _____

Live Presentation Date: _____ OR Enduring Materials

Role in this activity: Presenter Author Course Director

Moderator Planner

Disclosure

Yes No

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services that will be discussed in this CME activity?

If no, sign just below this box. If yes, please list your disclosures and approaches to resolution below and sign at the bottom.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, grants/research support recipient, board member, independent contractor, stock shareholder (excluding mutual funds), speaker's bureau, honorarium recipient, royalty recipient, holder of intellectual property rights, other
1.	
2.	
3.	

Signature: _____ Date: _____

If you checked "YES" above, we have to resolve the conflict of interest; the following mechanisms have been identified to resolve conflicts of interest. Please check all that apply and sign the declaration below:

Presenters/Authors

- I will support my presentation and clinical recommendations with the “best available” evidence from the medical literature. See suggested sources of best evidence at www.aafp.org/x3139.xml
- I will refrain from making recommendations regarding products and services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee’s consideration.
- I will submit my presentation in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

Declaration:

1. I attest that I will comply with ACCME Standards for Commercial Support of Continuing Medical Education to ensure that this CME activity is free of commercial bias or the appearance thereof.
2. I will base all clinical recommendations on evidence that is accepted within the profession of medicine as adequate justification in the care of patients.
3. All scientific research referred to in support of a patient care recommendation will conform to generally accepted standards of experimental design, data collection, and analysis.
4. I will not discuss any unlabeled uses of products.

Signature: _____

Date: _____



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Content Validation

Title: _____
Faculty: _____
Date: _____

Please read the accreditation standard we are accountable to meet:

IMQ Standard on Content Validation	
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 of 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 or CMA/MQ 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 outweighs the benefits or known to be ineffective in the treatment of patients.

Please check off the appropriate statements, sign and return to the CME office:

	The above-mentioned CME lecture does not contain any recommendations in the diagnosis or management of patient care.
	I have read the above standard on content validation and understand that non-compliance of this standard will disqualify me as a speaker.
	My presentation contains recommendations, diagnosis and treatment in the care of patients and the following sources were used for content validation (please check-off all applicable references)
	<input type="checkbox"/> Cochrane Collaboration or other evidence-based reviews (list below)
	<input type="checkbox"/> Journals and all literature review (list below)
	<input type="checkbox"/> Standard textbook of medicine/surgery (not including holistic health/alternative medicine – list below)
	<input type="checkbox"/> National Practice Guidelines
	<input type="checkbox"/> Other (list below)

References: _____

Signature	
Date	



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Cultural & Linguistics Competency Form

Date: _____

Topic: _____

Faculty: _____

The California legislature has passed AB 1195 which states that as of July 1, 2006 all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component.

Definitions: Cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

We believe there is relevant cultural diversity information relating to one or more of the following: age, gender, race, socio-economics, sexual orientation, religion, language, ethnicity, etc. that impacts the care of patients and you are required to include it in your presentation.

Therefore, we need you to know that the following objective will be added to the activity publicity sent to potential learners and it will also be added to the learner evaluation form:

CLC Objective:

Use the information learned relative to risk levels of patients

I have read this form and will comply with AB 1195 as outlined above.

Signature: _____

Date: _____