



Dept./Div.: Distributed eLibrary Telephone: +974 4492 8100
Contact Person: Sally Birch Fax:
Address: PO Box 24144 Doha, Qatar

FULL DISCLOSURE FORM FOR SPEAKERS, PLANNERS, MANAGERS AND REVIEWERS OF
CONTINUING MEDICAL EDUCATION ACTIVITIES

Name of CME Activity: Emerging Technologies in Libraries
Date of Activity: April 11 - 13, 2016
Targeted Audience: Staff, Faculty, Researchers, Librarians, Library Technicians, ILS students
Educational Objectives: Describe, explain and engage with new technologies to lead to an improvement in the quality of medical care in Qatar and elsewhere.

CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS

In accordance with ACCME and Cornell CME guidelines, instructors, planners, and managers who affect the content of a CME activity are required to disclose financial relationships they have with commercial interests over the past 12 months. A *commercial interest* is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition do not have to be disclosed. Also, you must disclose relevant financial relationships **your spouse or life partner** has with commercial interests. Disclosure of spousal/partner information should be included as well in the table below. In accordance with ACCME requirements, failure or refusal to provide disclosure information in a timely manner will result in the disqualification of your participation in this activity. If you have additional questions about completing this form, please contact the Cornell CME office at 212-746-2631, or you may review these guidelines at www.accme.org.

I. I am a: ☒ speaker ☐ Course Director ☐ Co-Course Director ☐ reviewer/ICR ☐ planner ☐ Coordinator

II. If you are a presenter, do you intend to discuss any unlabeled/unapproved use of drugs or products? Yes ☐ No ☒

III. Types of financial relationships and the companies with whom I have relationships are as follows:

Check Appropriate Boxes	Type of Financial Relationship (within the past 12 months) Include spousal/life partner relationships	Indicate Applicable Manufacturers or Commercial Entities
<input type="checkbox"/>	Employee	
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty, Receipt of Intellectual Property Rights / Patent Holder	
<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership interest <u>excluding diversified mutual funds</u>)	
<input type="checkbox"/>	Supported/Contracted Research	
<input type="checkbox"/>	Consulting Fees (e.g., advisory boards), Honoraria	
<input type="checkbox"/>	Speakers' bureaus	
<input type="checkbox"/>	Other	

IV.

☐ I HAVE NO FINANCIAL RELATIONSHIPS TO DISCLOSE FOR EITHER MYSELF OR MY SPOUSE/LIFE PARTNER (if applicable).

V.

(WHEN APPLICABLE)

Will your presentation include discussion of products or services of any or all of the commercial interests you noted above?

Yes ☐ No ☐ N/A ☒

If yes, please list the products and/or services: _____

I represent that the foregoing information is complete and truthful. I am aware of the educational objectives of this activity, and have read and agree to abide by Weill Cornell and ACCME Guidelines for CME faculty and planners as outlined in WCMC Form CMEG-3A. (Guidelines can be found <http://cme.med.cornell.edu>.) In addition, I am aware that my presentation must be evidence based, and free from bias towards any commercial entity or manufacturer. If there are any changes in my relationships between now and the time of the activity, I will inform the course director prior to the presentation. The Weill Cornell CME program will disclose the above information to participants, and reserves the right to review your educational materials prior to your presentation.

PARTICIPANT'S NAME (Please print): Dr Mary Sengati-Zimba

Signature of Participant: _____

Date Signed: November 04, 2015

(must be signed prior to the presentation)

Revised 6/20/11