

ELACTA as long-term CERPs provider describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. This policy is applicable to all accredited educational activities included within the CERPs accreditation systems for IBCLCs.

Definitions:

Conflict of interest: A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (example a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).

Perceived conflict of interest: A perceived conflict of interest is the appearance of a conflict of interest as judged by outside observers regardless of whether an actual conflict of interest exists

Real conflict of interest: A real conflict of interest is when two or more interests are indisputably in conflict.

Conflict of Interest

1. All speakers, moderators, facilitators and authors must provide to the ELACTA provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous years including:
 - a) Any direct financial payments including receipt of honoraria;
 - b) Membership on advisory boards or speakers' bureaus;
 - c) Funded grants or clinical trials;
 - d) Patents on a drug, product or device; and
 - e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.Such affiliations include but are not limited to:
 - Companies and commercial entities as defined in the IBLCE Minimising Commercial Influence on Education Policy, especially the Code violator companies (manufacturers and distributors of products covered by the Code). Code violators are all infant formula companies, companies with marketing infant feeding bottles or nipple in a Code violating manner.
 - Any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.
2. The ELACTA is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the educational activity to determine whether action is required to manage potential or real conflicts of interest. ELACTA has a policy in place to be followed if a conflict of interest comes to its attention prior to or during the educational activity.
3. All members speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in point 1.
4. Any individual who fails to disclose their relationships as described in points 1 and 3 cannot participate as a speaker, moderator, facilitator or author of an accredited CERPs activity.

Process:

- * Complete the conflict of interest disclosure form and submit to the ELACTA provider organization or scientific planning committee, as directed.
- * Disclosures must be made to the audience whether you do or do not have a relationship to disclose.
- * Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials
- * Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
- * The description of therapeutic/tools options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Title of activity	Click here to enter text.		
Date of activity	Click here to enter a date.		
What is your role in the educational activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (<i>describe</i>) Click here to enter text.		
<input type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<input type="checkbox"/> I have a relationship with a for-profit and/or a not-for-profit organization to disclose Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.			
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)	
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.	
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.	
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.	
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.	
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.	
To be completed by speakers only			
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). <i>Note: You must declare all off-label use to the audience during your presentation.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that ELACTA requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

Disclosure of Conflict of Interest

Name:	Click here to enter text.	Date:	Click here to enter a date.
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