

## Financial Relationship Collection Form

**TO BE COMPLETED BY EDUCATION STAFF**

Name of Individual  
IHAB ABUMUHOR

Title of Continuing Education  
 \_\_\_\_\_

Date and location of Education  
 \_\_\_\_\_

**INDIVIDUAL'S PROSPECTIVE ROLE(S) IN EDUCATION**

Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)

- Planner (Examples: planning committee, staff involved in choosing topics, faculty, or content)
- Teacher, Instructor, Faculty
- Author, Writer
- Reviewer
- Other \_\_\_\_\_

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to \_\_\_\_\_ by \_\_\_\_\_

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at \_\_\_\_\_.

**TO BE COMPLETED BY PLANNER, FACULTY, OR OTHERS WHO MAY CONTROL EDUCATIONAL CONTENT** PLEASE REVIEW UPDATED STANDARDS

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

**IN THE PAST 24 MONTHS, I HAVE NOT HAD ANY FINANCIAL RELATIONSHIPS WITH ANY INELIGIBLE COMPANIES.**

**ENTER THE NAME OF INELIGIBLE COMPANY**

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit [accme.org/standards](http://accme.org/standards).

**ENTER THE NATURE OF FINANCIAL RELATIONSHIP**

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

**HAS THE RELATIONSHIP ENDED?**

If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

NAME OF INELIGIBLE COMPANY	NATURE OF FINANCIAL RELATIONSHIP	RELATIONSHIP ENDED? <small>(check box for yes) <input checked="" type="checkbox"/></small>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I ATTEST THAT THE ABOVE INFORMATION IS CORRECT AS OF THIS DATE OF SUBMISSION: Ihab Abumuhor

4/21/25