

**Westchester Academy of Medicine**

Office of Continuing Medical Education

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# White Plains, NY 10604

**ACCREDITATION/DISCLOSURE/FUNDING STATEMENTS FOR BROCHURES, FLYERS & PROGRAMS**

**The Statements below must appear on all brochures/flyers or promotional material announcing CME Activities and must be used *exactly as worded*:**

**Accreditation Statement**

This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Medical Society of the State of New York (MSSNY) through the joint providership of the Westchester Academy of Medicine (WAM) and *(name of your facility)*. WAM is accredited by MSSNY to provide Continuing Medical Education for physicians.

WAM designates this live activity for a maximum of [*number of credits*] ***AMA PRA Category I Credits*™***.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure Statement**

The Westchester Academy of Medicine (WAM) and the Medical Society of the State of New York (MSSNY) relies upon planners and faculty participants in its CME activities to provide educational information that is objective and free of bias. In this spirit and in accordance with the guidelines of MSSNY and the ACCME, anyone with the potential to control the content of a CME activity are expected to disclose the existence of any relevant financial interest or other relationship the faculty member (spouse or partner) or provider has with the manufacturer of any commercial product discussed in an educational presentation.

**For faculty who have nothing to disclose the following statement must be used:**

**The planners and faculty participants do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials.**

**For faculty who have disclosures the following statement must be used:**

**The following faculty have indicated a relationship with the following: (list name & relationship)**

**EXAMPLE:** John Smith, MD is a consultant for XYZ Pharmaceuticals

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**Funding Statements**

**IF YOU ARE ACCEPTING COMMERCIAL SUPPORT YOU MUST INCLUDE A FUNDING STATEMENT:**

This activity has been funded by an unrestricted educational grant from Merck Pharmaceuticals

This activity has been funded by an unrestricted educational grant from the NYS Department of Health

**IF THERE IS NO COMMERCIAL FUNDING THE FOLLOWING STATEMENT SHOULD BE INCLUDED:**

No commercial funding has been accepted for this activity

**Exhibitors:**

Exhibitor money is not commercial support – even if the exhibitor is a commercial entity. Exhibitors are “renting” space to show their information. When acknowledging commercial support, exhibitors should be acknowledged separately as such so there is no confusion with the **Funding Statement.**

**EXAMPLE:** Accredited provider gratefully acknowledges the support of the following exhibitors:

The American Cancer Society

XYZ Pharmaceuticals

**A statement saying CME Credit has been applied for MUST NOT be used on any flyers or promotional material announcing the program**