

# Statement regarding potential conflicts of interest of CME authors

## Information regarding the manuscript:

Magazine/journal: \_\_\_\_\_

Title of manuscript: \_\_\_\_\_

Manuscript no.: \_\_\_\_\_

Authors: \_\_\_\_\_

Contact data of the relevant author: \_\_\_\_\_

E-mail of the relevant author: \_\_\_\_\_

Contact at the publisher: \_\_\_\_\_

E-mail of the contact at the publisher: \_\_\_\_\_

Dear CME Author,

This form is designed for authors to declare potential conflicts of interest.

Please

- read this form carefully,
- check the information regarding the manuscript,
- select the correct option for the authorship contribution statement and, if necessary, enter all the contributions in the text field,
- sign the form with your digital signature and
- reply to the same e-mail you received attaching this document, but do not change the subject header



Many thanks in advance.

## Declaration of conformity

– Mandatory information for authors of CME contributions in accordance with the certifying medical council –

### Declaration

Please also submit the completed and signed declaration of potential conflicts of interest on behalf of the other authors, if several authors have contributed to the manuscript or article.

As the author of the continuing education measures, I declare that ...

- I will comply with the provisions of the [Professional Code of Conduct of the North Rhine Medical Association](#) and the [Continuing Education Regulations of the North Rhine Medical Association](#) taking into account the [guidelines of the North Rhine Medical Association on the recognition and evaluation of continuing education](#) and the [recommendations of the German Medical Association regarding continuing medical education](#) in the currently valid version;
- the authors, the educational content and the design framework were selected in such a way that they serve the needs of the participants and are for the purposes of objective, independent continuing medical education;
- I will ensure that any conflicts of interest of the scientific management and the publisher are disclosed to the participants in the form of self-disclosure in accordance with the guidelines of the North Rhine Medical Association;
- the publisher will provide participants with a completed certificate of attendance at the end of the continuing education measure;
- I will ensure that no product- or company-related influence is exerted on the course content;
- it is my duty to act promptly in the event of obvious violations (e. g. by rectifying the origin; e. g. author, publisher and, where necessary, inform the competent North Rhine Medical Association).

## Declaration regarding financial and non-financial interests

– Mandatory duty in accordance with the certifying medical association –

Please provide information for the last 5 years in total and the next 12 months.

### Declaration regarding financial interests

1.) I have received research funding (personally or available to me personally):

- No.            Yes, from a/the sponsor(s) of this training/educational unit.  
                  Yes, from another institution (pharmaceutical or medical technology company, etc.).



Information on possible conflicts of interest

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2.) I am the author of the above continuing education material and, as such, have received a fee or monetary benefits in the past 5 years, e. g. reimbursement (travel/accommodation expenses) or the payment of participation fees as a passive participant in an event, or will receive such benefits within the next 12 months (this also includes participation in continuing education which is not recognised within the scope of the continuing education certificate):

No. Yes, from a/the sponsor(s) of this training/educational unit.  
Yes, from another institution (pharmaceutical or medical technology company, etc.).

3.) I have been a paid consultant/internal training officer/salaried employee or similar:

No. Yes, from a/the sponsor(s) of this training/educational unit.  
Yes, from another institution (pharmaceutical or medical technology company, etc.).

4.) I or my spouse/partner/children have a patent/business shares/participations or similar (this also applies if a spouse/partner/child is an employee of such company, except for unit-linked participations);

a) in a company operating in the medical sector, which is not one of the sponsors of this continuing education, or whose business interests are unaffected by the subject matter of such training:

No. Yes.

b) in a company that is one of the sponsors of this continuing education or whose business interests are affected by the subject matter of this training:

No. Yes.

## Declaration regarding non-financial interests

- e. g. an organisation for which you work
- Position in this organisation
- Membership and position in scientific societies/professional associations and, where applicable, other associations relevant to these continuing education measures

**I will state the declaration regarding non-financial interests on an additional slide in my presentation (mandatory).**

Date \_\_\_\_\_ Signature \_\_\_\_\_



Digital Signature

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# Statement regarding potential conflicts of interest of CME authors

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The declaration of conformity submitted to us will be stored and transmitted to the certifying medical association upon request, but will not be published. This serves to protect our legitimate interests, namely the contractual assurance that the educational measure fulfils the requirements stated in the declaration of conformity and, if necessary, as evidence to the certifying medical association.

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The legal authorisation for data processing arises from: Article 6 para 1 sentence 1 lit. c and e, para 2, 3 GDPR, § 6 para 1 no. 4 and 5 Heilberufsgesetz NRW (NRW Healthcare Professional Act) and §§ 4 and 7 of the continuing educational regulations of the North Rhine Medical Association (fulfilment of legal obligations and recognition of the duties of the North Rhine Medical Association) and Art. 6 para. 1 sentence 1 lit. b GDPR (performance of the contract concluded with you as the publisher or author).

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In this context, we generally collect the following data:  
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## V. Recipients of the personal data

We only transfer personal data to third parties if such disclosure is permitted by law or if you have given your consent. Your personal data will be disclosed to the following third parties for the above-mentioned purpose:

- North Rhine Medical Association,
- or, where appropriate, the Baden-Württemberg Chamber of Psychotherapists.

The legal basis for the disclosure of your personal data is Art. 6 para 1 para 1 lit. b GDPR (performance of the contract concluded with you as the publisher or author).

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We only retain your personal data for as long as required for the respective certification, or as stipulated by law (5 years for the continuing education certificate) or the continuing education measure is publicly available online. We retain declarations of conformity for as long as is necessary to safeguard our legitimate interests. This is generally the same period as described above.

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You have the right to request information regarding your personal data. You can also request the rectification of any incorrect data. Moreover, under certain conditions, you have the right to request the deletion of your data, the right to restrict data processing and the right to data portability. If you have provided your consent, you may withdraw your consent for future processing.

### **You also have the right to object to the processing of your personal data at any time:**

- if we process your personal data for direct marketing purposes; or
- if we process your personal data to pursue our legitimate interests, and grounds for such processing exist arising from your specific circumstances.

You also have the right to complain to the data protection supervisory authority if you believe that the processing of your personal data is unlawful. Our local competent supervisory authority is: The Regional Commissioner for Data Protection and Freedom of Information, Königstraße 10 a, 70173 Stuttgart, Tel.: 0711 615541-0, Fax: 0711 615541-15, E-Mail: [poststelle@lfdi.bwl.de](mailto:poststelle@lfdi.bwl.de).

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A possible conflict of interest as defined by the International Committee of Medical Journal Editors (ICMJE, [www.icmje.com](http://www.icmje.com)) as well as some scientific societies exists if an author has economic or personal ties to enterprises in the health industry (e. g., pharmaceutical products or medical devices industry), commercially-oriented institutions or insurance companies which could be positively or negatively affected by the publication of his/her project. Economic ties include membership on advisory boards, employment relationships, travel expense subsidies, professional fees, ownership of shares or interests, research subsidies or other third party funds. Personal ties exist among other things when ties to someone exists whose economic or intellectual interests are affected by the article (e. g., family ties, partnerships or personal relationships with representatives of an enterprise of the health industry). The membership in specialist societies or professional associations which are affected by the article may also establish a conflict of interest. This shall apply accordingly to particular scientific or personal interests relevant to the article e. g., political, academic (e. g., allegiance to particular "schools").

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Your information on this form sheet is published together with your article at an adequate place (e. g., at the end of the article or in the imprint), for example in the following way:

– Declaration on possible conflicts of interest:

The authors declare that no conflicts of interest exist.

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The authors declare that they ... (e. g., "were employed on an advisory board of XY" / "have received research subsidies from XY" / "have received lecture fees from XY") in the past 5 years.

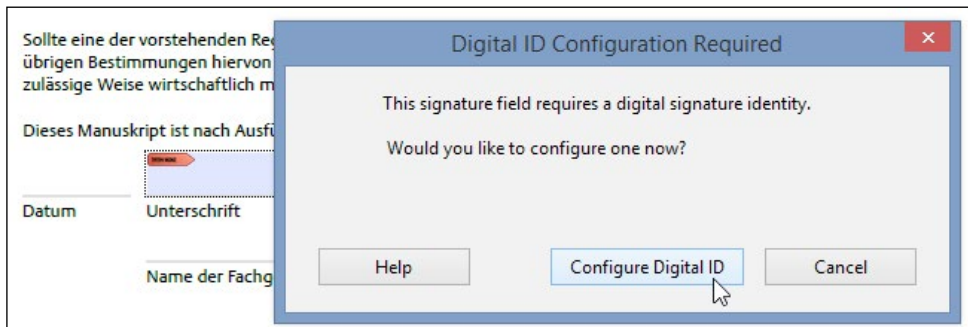
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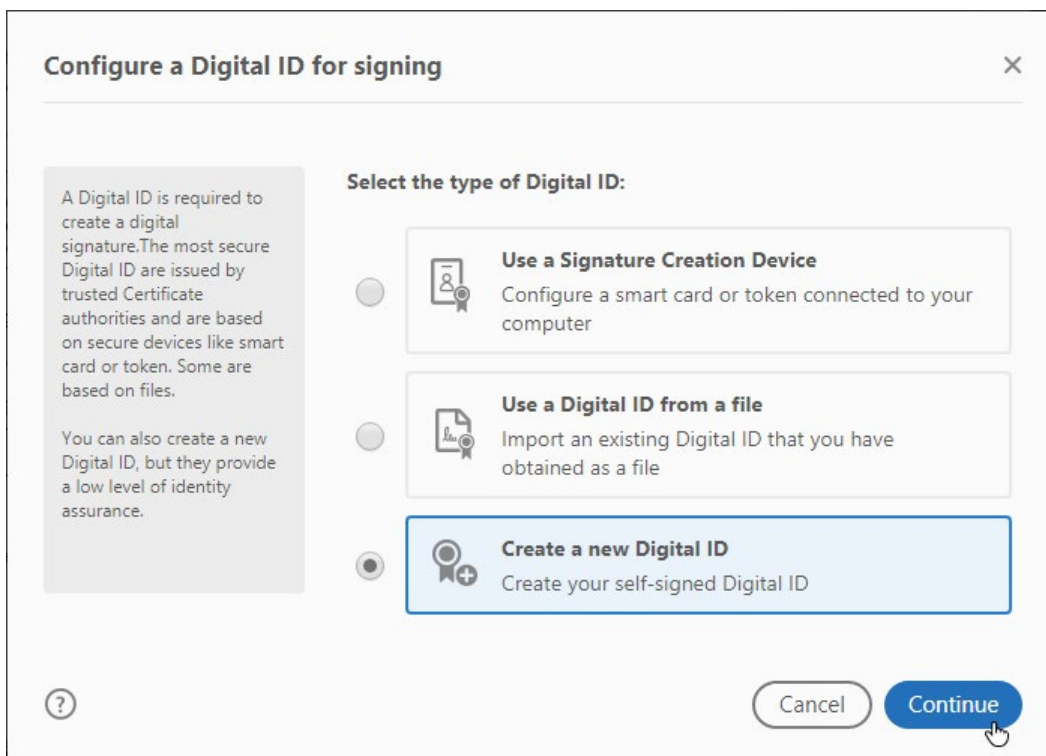
## How to Set Up a Digital Signature in Adobe Reader or Adobe Acrobat

**Please note:** depending on the version of the Adobe program, the depiction of the dialog boxes and the wording can vary. The following screenshots were taken from Adobe Acrobat Reader DC.

To begin the digital ID setup process simply click in the appropriate signature field. Select “Configure Digital ID”.



In the following dialog box, please select “Create a new Digital ID” and click Continue.



Specify where you are going to store the digital ID – select “Save to File” and click Continue.

### Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

Consult with your recipients if this is an acceptable form of authentication.

**Save to File**  
Save the Digital ID to a file in your computer

**Save to Windows Certificate Store**  
Save the Digital ID to Windows Certificate Store to be shared with other applications

[?](#) [Back](#) [Continue](#)

Type in your personal information (name, organization unit, organization name and email address, country) in all fields and click Continue.

### Create a self-signed Digital ID

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name: Hans Mustermann

Organizational Unit: *Enter Organizational Unit...*

Organization Name: *Enter Organization Name...*

Email Address: Hans.Mustermann@thieme.de

Country/Region: US - UNITED STATES

Key Algorithm: 2048-bit RSA

Use Digital ID for: Digital Signatures and Data Encryption

[?](#) [Back](#) [Continue](#)

Enter a file location for your new Digital ID file – either use the default location or enter a different location if you prefer. Then create and enter a password for the ID into both password fields and click Save.

### Save the self-signed Digital ID to a file ✕

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location :

C:\Users\\_Username\_\AppData\Roaming\Adobe\Acrob

**Apply a password to protect the Digital ID:**

.....

**Confirm the password:**

.....|