Cleveland Clinic Abu Dhabi CME Disclosure Form

Full Name *	CME Activity Title *
Ibrahim Ahmed Janahi	Global Health and workforce sum
Job Title *	Organization Name *
Chairman of medical education d	Sidra medicine
	/2025
Role in the CME Activity *	
Activity Director	
✓ Planning Committee Member	
Speaker/Faculty	

- Author
- Moderator
- Reviewer

This activity includes: *

Clinical Content

Non-Clinical Content Only (e.g., leadership, communications, systems/administrative management, faculty development)

Do you have any financial relationships* with ineligible companies within the last 24 months? *

- ⊖ Yes
- No

*All planners, faculty, and others in control of educational content must disclose <u>all</u> financial relationships with ineligible companies** within the prior **24** months. There is no minimum financial threshold; individuals must disclose <u>all</u> financial relationships with ineligible companies, regardless of the amount and regardless of their view of the relevance of the relationship to the education.

**Ineligible Companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

(<u>https://accme.org/publications/standards-for-integrity-and-independence-accredited-</u> <u>continuing-education-pdf</u>)

For example:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

🔺 1 / 2 🔻

How many ineligible company/ies do you have relevant financial relationship/s? *

🔺 2/3 🔻

Name of Ineligible Company 1 *

What is your relationship with the Ineligible Company? Select at least one. *

- Employment
- Ownership interest (partnership or stock/stock options) in a privately-owned company
- Ownership interest (stock, stock options) in a publicly-owned company
- Intellectual property rights (royalties or patent beneficiary)
- Consulting
- ☐ Teaching and Speaking
- Independent contractor (including contracted research)
- Principal or Co-Investigator of funded research
- Executive Role or Board Membership
- Advisor or Review Panel Participant
- Other relationship in activities from which remuneration is received or expected, please specify

Has the financial relationship ended? If the financial relationship existed during the last 24 months, but has now ended, we are required to disclose this to learners, but no additional

mitigation steps need to be taken. *

- Yes Relationship ended within the past 24 months
- Yes Relationship ended more than 24 months ago
- \bigcirc No Relationship is still current

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Healthcare License Number *	Issuing Authority *
P22	Ministry of Public Health
Nationality *	Today's Date *
Qatari	12/15/2024
Signature *	<u>clear</u>
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