



Resolution of Conflict(s) of Interest Form

To be completed for each individual involved with the planning and/or implementation of the activity's content **who has disclosed relevant financial relationship(s) with commercial interest(s)**. NOTE: This form must be completed prior to the event.

Activity Title: _____

Presentation Title: _____

Activity Date: _____

Name: _____

Role in the Activity: Speaker Planner Author Other _____

I have reviewed the identified financial relationships of the person listed above and resolved his/her conflicts of interest by the following means (check all that apply and provide further explanation).

- No Resolution Required:** Speaker topic and presentation are not pertinent to the speaker's disclosed financial relationship(s) with commercial interest(s).

EXPLAIN: _____

- Peer Evaluation:** The Course Director, or knowledgeable clinician, reviewed the content (slides) prior to the start of the presentation.

- Review did not require changes to the content.

EXPLAIN: _____

- The following changes were made to the content:

- Independent Content Validation:** a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on best available evidence; c) all scientific research referred to, reported, or used in the CME activity in support, or as justification of patient care recommendations, conforms to the generally accepted standards of experimental design, data collection, and analysis.

- Altered control over content:**

- Chose someone else to control that part of the content

- Changed the content of the person's assignment

- Limited content to a report without recommendations

- Changed the focus of the CME activity

- Limited sources for recommendations

Comments: _____

Signature

Print Name

Date

Check one:

- Activity Director: Title / Department _____

- Other: Title / Department _____