



## Resolution of Conflict(s) of Interest Form

### *Secondary COI Resolution Method*

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

Meeting Title:

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Presentation Title:

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Activity Date:

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Speaker:

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*I have reviewed the speaker's identified financial relationships and handled his/her perceived conflicts of interest by the following means (check all that apply and provide further explanation as needed).*

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

**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. 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 CE/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:**

Choose someone else to control that part of the content       Changed the focus of the CME activity

Changed the content of the person's assignment       Limited sources for recommendations

Limited content to a report without recommendations

**Elimination:** Activity Directors, planning committee members and/or teachers/authors who were perceived as either manifesting conflicts of interest or being biased will be eliminated from consideration as resources in subsequent CE activities.

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Signature of Course Director

Date