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:

Presentation Title:

Activity Date:

Speaker:

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.

______________________________
Signature of Course Director

______________________________
Date

Revised 09/2018