Date of Presentation	



Continuing Education

Potential Conflict of Interest (COI) Resolution Form

The documentation of the mechanisms used to resolve <u>relevant</u> conflict of interest (COI) is critical. COI should be reviewed and resolved <u>prior</u> to their participation in the CME activity.

and res	soiveu <u>pri</u>	or to their p	articipation in the Civic activ	ity.						
Name o	of Presen	ter								
(Or attach	tation Tit h first page indicate "C	of journal								
(Indicate	al Relation where or of the disclosur		 □ Research Support/Grants: □ Consulting/Advisory Committees □ Employment/Salary: (If employment is with industry, contact the CME office prior to presentation.) □ Ownership Investment: Stock Equity or Options (any amount): □ Speakers' Bureaus/Honoraria: □ Other Relationships: 							
planatio	on of Pot	ential Conf	lict:							
Review of Material Being Presented (slides or journal article)						Yes	No			
unbiased	d fashion.				presented in a balanced and ed, generic names are used. If					
			ey are used for all products/							
Any clini	cal recom	imendations	are based on the best availa	able evi	dence.					
		rch referred	_	у ассер	ted standards of experimental					
			use of a drug or medical de	vice is	disclosed.					
No comr	mercial int	terest logos	are used							
Recom	mendat	ions								
	No bias f	ound								
	Potential	bias found	ias found and has been addressed by (select at least one):							
		Changing co	ntent		Omitting recommendations for sp	ecific product	ts			
		Selecting an	alternate speaker		Relationship / interest terminated	l .				
		Peer review	r review with validation of content							
☐ Not crediting presentation because COI could not be resolved										
ther con	nments:									
Reviewed By:		Signature	e:Date:							
		Printed N	d Name:							
			ls:				-			
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