

Office of Continuing Professional Education

FORM TO REVIEW PLANNER / PRESENTER DISCLOSURE

This form is to be used to evaluate and resolve conflicts of interest of faculty participating in activities sponsored by St. Vincent's Health System.

Name of Activity:

Date of Activity:

Reviewer Name / Title:

Planner/Presenter Name:

Conflict: Please refer to Planner/Presenter Disclosure Form dated _____ showing potential conflict.

Reviewer	Any presenter disclosing a relevant relationship must be reviewed by the Department Chair, CME Activity Director or Faculty Designee in collaboration with the UR Center for Experiential Learning. <i>The reviewer must not have a conflict of interest.</i>	
Resolution	Resolution of Conflict of Interest (Please check all that apply below, at least one box MUST be selected)	
Reviewer Action	<input type="checkbox"/>	Presenter's presentation was peer reviewed using the Content Review Form to ensure no bias and that the content is valid.
	<input type="checkbox"/>	Presenter agrees to refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
	<input type="checkbox"/>	Presenter agrees to support presentation and clinical recommendations by referencing the "best available evidence" in the medical literature and by identifying the conclusions that the evidence supports.
	<input type="checkbox"/>	Presenter agrees to refrain from making any clinical care recommendations other than those specified by the activity planners.
	<input type="checkbox"/>	Presenter's role will be changed so that he/she is no longer teaching about issues relevant to the products/services of their commercial interest.
	<input type="checkbox"/>	Presenter agrees to alter/discontinue financial relationship with commercial interest.
	<input type="checkbox"/>	Other - I have given the following instructions to the Presenter: (Please complete this block describing what instructions you communicated to the presenter).
	<input type="checkbox"/>	It has been determined that the Presenter's potential COI cannot/will not be resolved in any of the above steps; therefore, Presenter will not be allowed to participate in this educational activity.
The above action was - communicated to the Planner/Presenter via:	<input type="checkbox"/> E-mail <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Other _____	
On the following Date:		