



## Resolution of Conflict(s) of Interest

This form must 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*.

Options for resolving conflicts of interest for activity planners and presenters within an activity differ.

- Use **page 2: Resolution of Conflict(s) of Interest Form – Activity Planner** for activity planning committee members and/or activity directors who report a relationship with an ineligible entity that may create a conflict of interest.
  - Use **Page 3: Resolution of Conflict(s) of Interest Form – Content Developer** for anyone involved in the development or delivery of content who reports a relationship with an ineligible entity that may create a conflict of interest.
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## Resolution of Conflict(s) of Interest Form - Activity Planners

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.

1. Activity Title: \_\_\_\_\_
2. Activity Date: \_\_\_\_\_
3. Name: \_\_\_\_\_

*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:** Planning duties associated with this activity are not pertinent to the planner's disclosed financial relationship(s) with commercial interest(s).

**EXPLAIN (required):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Divestment:** Planner has divested from the relationship identified.

- Withdrawal:** Planner has withdrawn from the planning committee.

- Independent Content Validation:** Planning process documentation and sampling of content will be submitted to UAB Division of CME for review.

- Planner will recuse her/himself from that portion of the activity for which a potential conflict exists:**  
 Chose someone else to control that part of the content

- Other**

**EXPLAIN (required):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

**Print Name**

**Date**

Check one:

- Activity Director: Title / Department \_\_\_\_\_
- Other: Title / Department \_\_\_\_\_



## Resolution of Conflict(s) of Interest Form – Content Developer

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  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 \_\_\_\_\_