 

**(insert name of committee) Committee Member Disclosure Form**

As of January 2008, the **CPD Accreditation Committee** approved policy changes to provide clarity, transparency and consistency in application. It is the goal of Schulich School of Medicine & Dentistry at The University of Western Ontario to insure balance, independence, objectivity, and scientific rigour in all of its individually and jointly sponsored educational programs. **All planning committee members participating in any Schulich School of Medicine & Dentistry educational planning committee are expected to disclose any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the educational planning committee**. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. *The intent of this policy is not to prevent a faculty or staff member with a potential conflict of interest from participating on educational planning committees*. It is merely intended that any potential conflict should be identified openly with full disclosure of the facts so that a planning committee member’s outside interests may not reflect a possible bias in the development of the educational programming.

***Please check & sign A or B (whichever applies):***

🞎 **A.** I have no actual or potential conflict of interest in relation to this committee.

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **B.** In the past two years, I have or have had, a financial interest, arrangement, or affiliation with one or more organizations that could be perceived as a *direct* or *indirect* conflict of interest in the *context* or *content* of this committee, as follows:

|  |  |
| --- | --- |
| **Affiliation/Financial Interest**  | **Name of Organization(s)** |
| Grant/Research Support |  |
| Consult |  |
| Speaker’s Honorarium |  |
| Major Stockholder (over $25,000) excluding Mutual Funds |  |
| Other Financial or Material Support |  |

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please sign the declaration:***

**DECLARATION**

I will observe full confidentiality as a member of this planning committee on discussions arising within meetings.

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_