

CME DISCLOSURE FORM

As of January 2008 the CPD Accreditation Committee has approved policy changes to provide clarity, transparency and consistency in application. It is the goal of Schulich School of Medicine & Dentistry at Western University to insure balance, independence, objectivity, and scientific rigour in all of its individually and jointly sponsored educational programs. **All CME speakers and planning committee members participating in any Schulich School of Medicine & Dentistry sponsored programs are expected to disclose to the audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CME program.** 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 speaker with a potential conflict of interest from making presentation.* It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgment about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

PLEASE COMPLETE AND RETURN THIS FORM TO THE PROGRAM COORDINATOR BY FAX OR EMAIL PRIOR TO THE PROGRAM DATE.

Program Coordinator's Name:	Fax #:
Mailing Address:	
Program Title:	
Program Date:	
(To be completed by Presenter Only)	
Presenters Name: _____	
Presentation Title(s): _____	

PLEASE CHECK & SIGN A OR B (WHICHEVER APPLIES): A or B, PLUS the ***DECLARATION:**

A. I have no actual or potential conflict of interest in relation to this educational program.

Name: _____

Signature: _____

B. I have/had in the past 2 years, 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 educational program 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	

Information provided in section A or B must be provided verbally or in a slide during the introduction of the educational program, or disclosed to participants in writing in the program materials.

Name: _____

Signature: _____

Please indicate: *Speaker* *Planning Committee Member* *Both* *Moderator*

*******DECLARATION: (Required)**

The (presentation/program) is evidence based and balanced. (Please circle the appropriate term)

Name: _____

Signature: _____