

<b>CME RESOLUTION OF CONFLICT OF INTEREST</b>			
<b>Return to CME Office Prior to the Activity</b>			
Activity Number:			
Activity: _			
Date:			
Faculty Name:		Faculty Disclosure(s):	
Title of Presentation:			
Name of Reviewer			
<p><b>I have reviewed the speaker's individual disclosure statement and resolved any conflicts of interest by the following methods:</b></p> <p><i>*Commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.</i></p>			
<input checked="" type="checkbox"/>		Elimination: Speaker has been eliminated from participating in the CME activity.	
<input checked="" type="checkbox"/>		Content Validation: I reviewed the CME presentation and it meets all the following criteria: <ul style="list-style-type: none"> <li>• Content is valid and aligned with the interests of the public;</li> <li>• All recommendations involving clinical medicine are based on the best available evidence and referenced;</li> <li>• 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</li> </ul>	
	<input type="checkbox"/>	I have altered the CME content of the presentation, including recommendations for patient care, to conform to UWCME content validation standards.	
	<input type="checkbox"/>	The faculty member will refrain from making recommendations, regarding products or services, unless all relevant products or services applicable to the same procedure or treatment are presented in an unbiased manner.	
	<input type="checkbox"/>	The presenter will recommend an alternative presenter for this topic for the planning committee's consideration.	
	<input type="checkbox"/>	The presenter will submit presentation materials in advance to allow for adequate peer review.	
	<input type="checkbox"/>	The presenter will or has divested his/herself from this financial relationship.	
	<input type="checkbox"/>	I have assigned the speaker to present on a different topic.	
	<input type="checkbox"/>	On site monitoring: _____ (name)	
	<input type="checkbox"/>	The relationship(s) disclosed were determined not to be relevant to the CME presentation.	
	<input type="checkbox"/>	Other (please explain): _____	
<b>Is the faculty member approved for the activity?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Reviewer			
Title			Date: