

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

**MAINTENANCE OF CERTIFICATION  
CONTENT REVIEW**

*This form must be completed and signed prior to the start of the activity.  
The content reviewer cannot review his/her own content.*

Name & Credentials of Reviewer: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Course Number: \_\_\_\_\_

Date of activity: \_\_\_\_\_

<b>I have reviewed the programs content and attest that:</b>	
<input type="checkbox"/>	The educational content and the planning of the activity is fair, accurate and free of commercial bias and influence.
<input type="checkbox"/>	The agenda aligns with the learning objectives of the activity.
<input type="checkbox"/>	I am familiar with the subject matter of the activity/content.
<b>If you did not check all 3 boxes above, please describe your concerns here: (example – evidence of commercial bias, unbalanced or unsupported recommendations)</b>	
<b>Content Reviewer Signature:</b> _____	
<b>Date:</b> _____	

Please return form to the CME coordinator prior to the start of the activity.