

How to complete a Conflict of Interest (COI) form in CME

1. Log into VCU CME <https://vcu.cloud-cme.com>, click faculty.

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Welcome to VCU Health CME

Whether you are referring a patient to one of our faculty experts, seeking the latest research findings in one of our many specialties or are seeking continuing education credits from our professional development programs, this page provides a listing of resources to help meet your continuing education needs.

Search:

August 31 - September 2, 2017 9th International Conference on Pediatric Continuous Renal Replacement Therapy (pCRRT) Registered [Details](#)

ONLINE registration ends 9/17. Registrations WILL be accepted on site.

9th International Conference on Pediatric Continuous Renal Replacement Therapy (pCRRT). Designed to bring together multi-disciplinary specialists to review current guidelines and best practices, and highlight lessons

2. On the faculty screen click Disclosure of Financial Relationships, the box beside it will stay red until this section is complete.

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Faculty

Upcoming activities:

- Stepping Stones to Excellence in Wound Care 2017 - 9/28/2017

Welcome to the VCU Health Office of Continuing Medical Education Faculty Portal.

Please complete the tasks assigned below. A red box indicates that the task is incomplete, and a green check mark indicates that the task has been completed.

- Audio Visual Requirements
- Disclosure of Financial Relationships
- Presentation Release
- Upload Curriculum Vitae

3. Fill in all questions on the Conflict of Interest Disclosure & Attestation Form. Fields will be red until complete.



Conflict of Interest Disclosure & Attestation Form

In compliance with the ACCME Standards for Commercial Support of Continuing Medical Education, it is the policy of UHS Professional Education Programs/VCU Health CME to ensure balance, independence, objectivity, and scientific rigor in all sponsored activities. All persons involved in the planning, and all faculty presenters (including moderators, authors and editors) are expected to disclose relevant financial relationships described below. Failure or refusal to disclose will prohibit participation in the planning of and/or presenting during the activity.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Note that any red highlighted items are required fields and the form cannot be submitted without an answer.

During the past 12 months, have you or your spouse/partner had a personal financial relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

- Yes. I or my spouse/partner have at present and/or have had within the past 12 months a relevant financial relationship as listed below.
- No

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

- Yes
- No

ATTESTATION - By signing below, I attest to the following statements:

Planners:

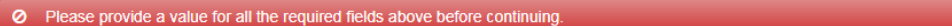
To the best of my ability, my financial relationships with commercial interests will not affect any speakers or content over which I exert control. I will recuse myself from planning activity content if this cannot be achieved.

Presenters:

4. When complete click submit at the end of the form.

Conflicts of Interest

Your relevant financial relationships, if any, will be disclosed to the learners prior to the activity. In addition, with your assistance we may employ one or more strategies to ensure the absence of commercial bias, including advance peer review of slides and syllabus material. UHS-PEP will be seeking feedback from learners on the effectiveness of the activity and whether any bias was perceived.

 Please provide a value for all the required fields above before continuing.

 Submit

