

# PRESENTER Resolution of Conflict(s) of Interest Form

## Conflict of Interest Resolution for Live Activities

To be completed **by the Activity Director or other Designee (without the same conflict)** for each presenter who has control over the content of this activity and **who has disclosed a relevant financial relationship with commercial interest(s)**.

**Instructions:** The Activity Director (AD) or an independent delegate reviewer, must review the Presenter's COI form and determine if the conflict has any bearing on the content to be presented. If the AD/reviewer feels that there is a relationship between the reported conflict and the content, then the AD or delegated reviewer must review the content. The AD then selects the appropriate resolution method based upon their review of the content and submits both this Resolution Form and the content to the CME representative for final review.

**Note: this form must be completed prior to the designation of AMA PRA Category 1 Credit™ for this presentation.**

Program Title: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Presenter Name: \_\_\_\_\_

**I have reviewed the Presenter's identified relevant relationships (COI forms) and resolved his/her perceived conflicts of interest by the following means: *Check all that apply and provide further explanation as needed***

**No Resolution Required:** Presenter topic and presentation are not pertinent to the presenter's disclosed financial relationship(s) with commercial interest(s).

**Peer Evaluation:** The Activity Director or knowledgeable clinician reviewed the content (slides) prior to the start of the presentation.

Review did not require changes to the content.

Review did require changes to the content. The following changes were made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Independent Content Validation:** a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on best available evidence; c) 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.

Reviewer Signature

Date

### Altered control over content:

Selected another individual to control that part of the content

Changed the focus of the CME activity

Changed presenter's assigned content

Limited sources for recommendations

Limited content to a report without recommendations

**Referred to external content validation review by VCU Health CME:** VCU Health CME may refer select content material for review beyond the scope of the Activity Director's review, if the Presenter's COI cannot be appropriately resolved by the AD review

**Elimination:** Presenters who are perceived as either manifesting conflicts of interest or being biased will be eliminated from consideration as resources in subsequent certified CME activities.

Activity Director/Reviewer Printed Name

Signature

Date

VCU Health CME Printed Name and Title

Signature

Date

Please fax or email this form to VCU Health Continuing Medical Education upon completion.

Continuing Medical Education | UHS Professional Education Programs, Inc.

PO Box 980048, Richmond, VA 23298-0048

(804) 828-3640 | Fax (804) 828-7438 | [cme.vcuhealth.org](http://cme.vcuhealth.org)



**VCU**Health™