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 presenter’s assigned content
☐ 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.
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