

PLANNER 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 individual who has control over the content of this activity and **who has disclosed a relevant financial relationship with commercial interest(s)**.

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

Program Title: _____

Activity Date(s): _____

Planner Name: _____

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

No Resolution Required: Planner's participation is not pertinent to the disclosed financial relationship(s) with commercial interest(s).

Altered control over content:

- Selected another individual to control that part of the content
- Changed the planner's assigned content
- Planner recused from decisions on content
- Changed the focus of the CME activity
- Limited sources for recommendations
- Limited content to a report without recommendations

Please explain below how the Planner recused from deliberations and provide a written explanation of the Planning Committee process:

Elimination: Planners who are perceived as either manifesting conflicts of interest which cannot be resolved, or are viewed as being biased will be removed from participation in determining education need, and in selecting speakers and/or topics.

Activity Director or Designated 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