



Resolution of Conflict(s) of Interest Form

Secondary COI Resolution Method for Directly Sponsored Live Activities

To be completed for each individual involved with the planning and/or implementation of the activity's content who has disclosed financial relationship(s) with commercial interest(s). Note: this form must be completed prior to the event.

This form is for use by members of the **CME Program Chair / CME Committee** to abide by our Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest, and it is designed to document the actions taken to resolve potential conflicts of interest disclosed by any individual in a position to influence and/or control the content of our CME activities. This form must be completed for all individuals returning a Financial Relationships Disclosure Form that lists financial relationships with commercial interests.

A variety of mechanisms are available to resolve a potential conflict of interest. Once it has been determined which approach will be used, the **CME Program Chair / CME Committee** members should document on this form the mechanism(s) that were used to resolve the potential conflict of interest. If it is determined that there remains a conflict of interest that cannot be resolved, the **CME Program Chair / CME Committee** members should document that as well and keep this form in the CME activity file.

PLEASE COMPLETE THE FOLLOWING:

Name of the Individual with the Educational Assignment: _____

Nature of the Educational Assignment: _____
(e.g., faculty, author, reviewer, etc.)

Title of the CME Activity: _____

Name of the Person Resolving the Conflict: _____
(This person must also complete a disclosure form.)

<p>(CHECK ONE)</p> <p><input type="checkbox"/> Upon review of the Financial Relationships Disclosure Form, it was determined that a financial relationship does not relate to the educational assignment or the interests of IMANA, and no conflict exists. IF CHECKED, THE FORM IS NOW COMPLETE AND MAY BE INSERTED IN THE CME ACTIVITY FILE. IF NOT, PLEASE PROCEED.</p> <p><input type="checkbox"/> Upon review of the Financial Relationships Disclosure Form, it was determined that a potential conflict may exist and the following mechanism(s) were used to resolve that potential conflict of interest (check all that apply):</p>
<p><input type="checkbox"/> Peer Review of Content</p> <p>We will employ a process by which all content submitted by this individual is peer reviewed, or judged against predetermined criteria, prior to presentation or publication in order to ensure the content is valid, objective, and aligned with the interest of the public. Based on the peer review, we will work with the individual to make changes to the content as necessary. We will ensure that: 1) all practice recommendations involving clinical medicine are based on evidence that is accepted within the profession of medicine as adequate justification for indications and contraindications in the care of patients; and 2) all scientific research referred to, reported or used in the CME activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.</p> <p><input type="checkbox"/> Referencing the Best Available Evidence</p> <p>This individual will be instructed to reference the best available evidence in the literature to support both the content presented (e.g., a new study) and his/her recommendations. For example, the individual may state, "The best available evidence in the literature is at the level of < > and supports the following conclusions: < >. By integrating what this literature tells us with the findings of the new study, my recommendations are: < >".</p>



>.” This mechanism may be combined with some sort of peer review or oversight process to ensure external validation of the conclusions prior to presentation or publication.

Other (please describe) _____

Replacement of Individual – Conflict of Interest Could Not Be Resolved

I have spoken with the individual named above, reviewed with him/her our Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest and the ACCME Standards for Commercial Support, and we have discussed the mechanism(s) selected for resolving this conflict of interest.

CME Program Chair / CME Committee

Signature: _____ Date: _____