



Conflict of Interest Disclosure Form

(Modified with permission from CCCEP)

All presenters, authors, providers, expert reviewers, planning committee members must sign this form.

DALCPE applies [CCCEP Policy PR-01: Standards of Accreditation Guidelines](#):

Standard 5 (Disclosure) of the CCCEP Standards of Accreditation states that “All individuals who are involved in any aspect of a learning activity will disclose (to DAL CPE) real or potential conflict(s) of interest that may impair their objectivity or give rise to a perception of bias.” [Refer to Guideline S5 \(Disclosure\) for details.](#)

Learning Activity/ Program Title		
Program Provider Name		
Program Sponsor	<input type="checkbox"/> No sponsor	<input type="checkbox"/> Sponsored (Enter name)

LEARNING ACTIVITY/PROGRAM AFFILIATION [Check all appropriate boxes]

- Provider
 Author
 Presenter/Speaker
 Expert Reviewer
 Planning Committee
 Additional Presenter/Speaker following accreditation of a live program

DISCLOSURE [Check all appropriate boxes]

- I have no real or potential conflict to disclose **[go to Part 4: Declaration]**
 I have real or potential conflict(s) to disclose **[Complete Parts 1, 2 and Part 3]**

Part 1: Disclosure of Conflicts of Interest

Part 1: Complete the section below as it applies to you during the **past 24 months**. Indicate the commercial enterprise and briefly explain the connection you have with the organization. This information must be disclosed to your audience in writing and verbally (see sample disclosure slides).

I am/have been:	Company/organization name and description
A member on a commercial entity's Advisory Board, similar committee or Speaker's bureau	
A recipient of funds (grant, honorarium, gifts, "in-kind" compensation) from a commercial entity	
A paid speaker for a commercial entity	
A participant in research or clinical trials sponsored by a commercial entity or using products produced/marketed by a commercial entity	
A patent holder for a product referred to in the presentation or marketed by a commercial entity	

I am/have been:	Company/organization name and description
A salaried or contract employee of a commercial entity in the past five years	
Other (Please describe)	

Part 2: Non-Approved Recommendations (Only Presenters and Authors must complete)

	Yes	No	Requirement
I intend to make therapeutic recommendations for medications that have not received regulatory approval (e.g., “off-label” use of medications).			If yes, you must declare all off-label use to the audience during the presentation
I intend to provide personal opinions and/or observations regarding a drug, product or device.			If yes, you must declare all personal opinions/observation to the audience during your presentation.

Part 3: Mitigation of Conflict of Interest

Please describe the procedures you have or will use to ensure that this educational program is scientifically balanced and free from commercial bias.

- I will conduct a comprehensive review of all relevant literature
- I will support my presentation and clinical recommendations with the “best available current evidence” from the medical literature
- I will refrain from making recommendations regarding products or services (e.g., limit presentation to the pathophysiology, diagnosis and/or research findings)
- I will have an expert review of the presentation materials
- I will submit my presentation materials for a peer review
- I have not used corporate or company names or logos in the presentation, except to acknowledge a sponsor at the beginning of the presentation
- have not used images or promotional materials or product information representing commercial enterprises
- No product or company information will be presented or distributed in the meeting room or within 15 feet of the entrance to the meeting room.
- Other (please describe) [_____]

Part 4: DECLARATION

I declare that the information provided on this form is accurate and that I will uphold [CCCEP standards](#) to ensure scientific balance, objectivity, scientific rigor, independent judgment and freedom for bias in this learning activity.

Name			
Signature		Date	