FACULTY OF HEALTH I College of Pharmacy Burbidge Building I 5968 College Street I PO Box 15000 I Halifax NS B3H 4R2 Canada 902.494.2378 I FAX: 902.494.1396 I dal.ca/pharmacy DAL.CA



CPE | Continuing Pharmacy Education

## Declaration of Author, Presenter, Program Provider (Modified with permission from CCCEP)

This form is to be completed by each individual involved in the development and delivery of the learning activity as a program provider, author, and/or presenter. It is to be submitted with the learning activity materials.

Learning Activity title	
Date(s) of delivery	
Full Name	

Check all that apply (If you are the author, presenter and program provider, check all three (3))			
I am the <b>author</b> of the learning activity			
I am the <b>presente</b> r of the learning activity			
I am the <b>program provider</b> (or their representative) of the learning activity			
	Yes	No	
Instructions: Answer "yes" or "no" to each question. You must answer all questions.			
Active Learning and Evidence-Based Content			
<ol> <li>I will provide learners with the opportunity to interact with, or apply, learned material (e.g., case studies, reflective exercises, discussion groups).</li> </ol>			
2. I will provide learners with an opportunity to ask questions.			
3. The evidence presented in this presentation is thorough, balanced, and of the best			
available current evidence relating to the topic of the learning activity.	_		
Transparency and Minimizing Bias			
4. I use only generic names in this presentation.			
<ul> <li>If your answer is "yes", go to next question</li> </ul>			
<ul> <li>If your answer is "no", complete 4.1 to 4.3</li> </ul>			
4.1. I have:			
(i) used trade names only when necessary for accuracy,			
(ii) only used the trade name once,			
(iii) presented all relevant trade names for similar/equivalent products/devices for all companies, and			
(iv) if there is only one drug/device, I have noted that there is only one drug or device.			
4.2. I have provided a rationale for the use of brand names or trade names in Appendix A: Rationale for Use of Brand/Trade name (below)			
4.3. When I use a trade name – I have placed the generic name in brackets after the trade name			
5. I have used a "short generic name" for some products			
NOTE: You may use a short version of the generic name for those that are long and complex	<		
(provided you use the full name when first used)			
Sponsorship			

6.	5. I have received funds from a commercial interest to develop, author or present the				
	learning activity.				
	• If the answer is "no", go to next question.				
	• If the answer is "yes", answer 6.1 to 6.3				
	6.1. I have exercised independent judgement in the development and presentation of the				
	learning activity and have ensured that I have not been influenced by the sponsor in				
	the selection, development or presentation of the content for this learning activity.				
	6.2. The name of the sponsor was presented once, and only once, in the presentation.				
	6.3. I will not state or demonstrate a preference for a specific brand or company.				
Lea	Learner Materials and Evaluation of Learning Activity				
7.	I have included Disclosure/Conflict of Interest slides in my presentation, even if I have				
	nothing to disclose; and indicated how I have mitigated potential bias.				
	[See sample Disclosure/Conflict of Interest slides]				
8.	I have completed and submitted a Disclosure/Conflict of Interest Form				
9.	I will provide each learner with an evaluation form at the end of the session and encourage				
	its completion.				
10. I will provide the learners with a reference list and/or list of further readings.					
11. The colour scheme of my slides is neutral and is <u>not</u> similar to the colours used in a					
	company or product promotion materials or website of any product mentioned in the				
	learning activity.				
12.	I have appropriately used and acknowledged copyrighted materials.				
То	be completed by program providers only:				
13.	I determined the need for the learning activity through a needs assessment or similar				
	process.				
14.	. I have ensured that the learning activity is relevant to the work and decisions of pharmacy				
	professionals.				
15.	I will provide DAL CPE with a summary of the results of the learner evaluations of the				
	learning activity.				
16.	I will ensure that each participant receives a statement of attendance with the required				
	information – name, licence number, title, date of presentation, location, number CEUs.				
17. I will maintain a list of those who attended the learning activity for a period of three (3)					
	years.				
18.	The number of CEUs includes only the time of the presentation and learner assessments.				
	Breaks and meal time are not included in the number of CEUs.				

## Acknowledgment:

I, \_\_\_\_\_\_ [*print name*], acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature

Date

## Appendix A: Rationale for Use of Brand/Trade Name

[Please state your rationale for the use of the Brand/Trade name in the presentation]