

Speaker Resolution Form

Revised 7-2007

Name of Program:
Date of Program:
Name of Speaker:

INTRODUCTION: The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers to resolve all conflicts of interest speakers/faculty/authors/planners prior to the CME program. In order for the University of Cincinnati Office Continuing Medical Education to determine what further steps, if any, need to be taken to resolve a potential conflict of interest, **please answer all questions listed below and return this form to the program coordinator.**

1. Will you be discussing specific pharmacologic treatments or surgical procedures as part of your presentation?

N/A YES – if so:

- Are the products discussed in your presentation produced or marketed by commercial entities with which you have disclosed a relationship? N/A YES * - if so go on to question # 2

2. Will you be presenting findings from specific research studies? N/A YES* – if so:

- Have studies cited in your presentation been published in peer-reviewed journal? N/A YES
- Did you have any affiliation with any of these studies? (e.g investigator, co-investigator, advisory board, author, etc.) NA YES * - if so:
- Were any of these studies commercially funded? N/A YES * - if so

Study citation	Your role	Industry supporter

- Do any of these studies make a recommendation for pharmacologic treatments or surgical procedures?
 N/A YES * - if so:

- I understand that my presentation slides/abstract, etc. (CME activity material) may be peer-reviewed for balance and content validity prior to the CME activity. If requested by the CME Office I will forward my presentation for review
- I attest that all clinical recommendations that I make for patient care as part of my presentation, discussion and or CME activity materials will be based on the best available evidence and that a balanced view of therapeutic options will be given.
- I agree to make meaningful disclosure to attendees when products, services or procedures I discuss are off-label, experimental, and/or investigational (not FDA approved).

Please note: Your signature indicates that you have read this form in its entirety.

Signature: _____ DATE: _____
Speaker

*Faculty: The University of Cincinnati as an Accredited Provider of the ACCME is required to **Resolve** all conflicts of interest **prior to** the educational activities. If you answered “yes” to any of the questions with an “*” a review of your slides is required **14 days prior** to the educational activity. The course coordinator will alert you if a review of your slides is required.