



CONTINUING PROFESSIONAL DEVELOPMENT

CLINICAL CONTENT REVIEW AND VALIDATION FORM

Name of Reviewer:	
Title of Activity:	
Type of Activity:	
Date of Activity:	
Commercial Supporters:	T

Instructions to Reviewer: Please review the attached planning materials for the above named CME activity. As an independent reviewer for the _____, your role is to ensure that this activity's materials are fair, balanced, and free of bias. In particular, unpublished content must be scrutinized carefully to determine that it conforms to accepted standards of experimental design, data collection and analysis. Moreover, you must critically review the conclusions inferred from the studies so that treatment recommendations represent the standard of practice within the medical profession in the United States.

1. Is this activity fair, balanced and free of commercial bias?

Yes No

If no, please recommend changes below:

2. Are patient treatment recommendations included in this CME activity appropriate?

Yes No

If no, please recommend changes below:

3. Is the educational content [including the evidence presented and the conclusion(s) derived] based on valid, accurate and reliable information?

Yes No

If no, please recommend changes below:

4. Did you find any recommendations for a medication or device that is not approved by the FDA?

Yes No

If yes, please designate the specific slide or other course material:

5. **Should any slide or illustration be deleted? If so, please designate the one(s) that should be deleted and briefly explain why.**

Okay as is Changes Recommended (see below)

Please identify recommended changes:

6. **Is the target audience for this activity properly identified? If you believe the audience should be different than that stated, please outline recommended changes below.**

Okay as stated Changes Recommended (see below)

Please identify recommended changes:

7. **Are there any other issues you would like to raise with regard to the content of this activity?**

Yes No

If yes, please outline your concerns below:

8. **Does the educational content support the professional practice gap(s) and learning objectives.**

Yes No

If no, please recommend changes below:

9. **Are there any concerns that the content of this session violates HIPAA privacy considerations?**

Yes No

If yes, please outline your concerns below:

10. **Are studies cited/described/referenced properly for this session?**

Yes No

If no, please recommend changes below:

11. **Are the test questions and responses reflective of the content in the presentation and do they meet the high standards expected of the content (if applicable)?**

Yes No

If no, please recommend changes below:

Signature of Reviewer:

Date of Review:
