Verification of Speaker, Conflict Resolution and Commercial Support Disclosure

Please complete this form AFTER your CME activity and return to the CPD Office with the appropriate disclosure copies.

ACTIVITY:  NAME OF ACTIVITY  CME#  
LOCATION:  CITY, STATE  START DATE:  END DATE:  

As an accredited provider, the CPD Office must present CME activities in compliance with ACCME’s policies for disclosure and commercial support.

As course director/contact person, I attest that at the CME activity described above:

1. Advertisements and promotional materials were not displayed or distributed in the educational space before, during or after the CME activity and representatives of Commercial Interests did not engage in sales or promotional activities while in the space or place of the CME activity;
2. Exhibit/display placement was not a condition of support and did not interfere with the educational activity;
3. Participants were informed of the receipt of the activity's commercial support, if applicable.
4. Participants were informed of the results of the speaker disclosures before the presentation. This includes: speaker discussion of unlabeled use of drugs or devices, any relationships/interests speakers or the provider have with any commercial support companies, manufacturers, or commercial products, and disclosure included the OU/CPD conflict resolution statement.
5. Speakers were instructed to deliver balanced and objective evidence-based content.
6. All the recommendations involving clinical medicine in a CME activity must be based on best evidence accepted within the profession of medicine (as adequate justification for their use to improve the care of patients).
7. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
8. The materials used in this activity did not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.
9. If there were moderated poster or abstract sessions at this activity, I have reviewed and verified the Required Survey for Moderators of ACCME Accredited Poster or Abstract Sessions form.

Disclosure to the audience was made in the following manner: (check all that apply)

☐ Speaker disclosure, the conflict resolution statement and commercial support were listed on printed materials/syllabus/handouts

☐ Speaker disclosure, the conflict resolution statement and commercial support were posted via sign, flyer announcement or slide.

☐ Speakers gave a verbal disclosure at the beginning of the presentation

Please note: simply reporting the disclosure verbally to the audience is insufficient, since it is impossible to document.

____________________________________________               _________________
Signature: Course Director or Contact Person    Date

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Approved: Assistant Dean for CME