



## Disclosure Form

The possibility for bias or a conflict of interest occurs when the financial interests of a provider, author, presenter/speaker, or expert reviewer potentially precludes an unbiased, educational presentation of a subject. The disclosure of possible conflict of interest is requested not to censor, but to inform the audience so they may decide for themselves whether or not a presentation is biased.

Section 10.2 of the *Guidelines and Criteria for CCCEP Accreditation* states that every provider, author, presenter, and expert reviewer must complete and submit a Disclosure Form to declare any funding or support received from the Provider/Sponsor further to program specific honoraria and expenses.

Section 10.3 of the *Guidelines and Criteria for CCCEP Accreditation* states the disclosure must be published at the beginning of all print/electronic programs and all speakers must provide disclosure to the program participants on an opening slide prior to commencement of a presentation.

PROGRAM NAME \_\_\_\_\_

PROGRAM SPONSOR (COMPANY) \_\_\_\_\_

PROGRAM PROVIDER \_\_\_\_\_

(If PROVIDER AND SPONSOR ARE DIFFERENT)

### MY PROGRAM AFFILIATION

<input type="checkbox"/> Provider	<input type="checkbox"/> Author
<input type="checkbox"/> Presenter/Speaker	<input type="checkbox"/> Expert Reviewer
<input type="checkbox"/> Additional Presenter/Speaker following accreditation of a live program	

☐ I have no real or potential conflict to disclose.

### I disclose the following real or potential conflict:

- ☐ membership on the Company's Advisory Board or similar committee
- ☐ current or recent participation in a clinical trial sponsored by the Company
- ☐ assist in the design of clinical studies concerning the use of products manufactured by the Company.
- ☐ participate in clinical studies using products produced by the Company.
- ☐ research by the speaker sponsored by the Company
- ☐ paid speaker by the Company.
- ☐ the speaker holds a patent for a product referred to in the presentation or marketed by the Company
- ☐ other \_\_\_\_\_

Name \_\_\_\_\_

(Please print)

Signature

Date

*We acknowledge the work done by Dalhousie University and University of Calgary CME Departments which created the prototypes for this form.*