**CONFLICT OF INTEREST DECLARATION FORM**

Process and Form for Declaring Conflicts of Interest based on Element 3 of the[*Standard*](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)

**All accredited CPD activities must comply with the** [National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) **(“the Standard”). As defined in the Standard, ‘conflict of interest’ (“COI”) is a circumstance in which judgement or decisions concerning a primary interest or responsibility are unduly influenced by a personal or organizational benefit (such as financial gain, academic or career advancement, or other benefits to family, friends, or colleagues). Gathering and managing COIs from everyone involved in the development and delivery of CPD activities is critical to supporting healthcare professionals with unbiased lifelong learning.**

**Element 3 of the Standard, summarized below, describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants.**

All members of the Scientific Planning Committee (“SPC”), speakers, moderators, facilitators and authors must submit a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years. This includes, but is not limited to:

1. Financial payments, including honoraria;
2. Membership on advisory boards or speakers’ bureaus;
3. Grants or funded clinical trials;
4. Patents on a drug, product or device; and
5. Any investments or relationships that could be seen as having the potential to influence the content of the educational activity.

All members of the SPC, speakers, moderators, facilitators, and authors must disclose any relationships (as listed above) to participants in the CPD activity. Any individual who fails to disclose their relationships cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity.

**Process:**

1. Complete this conflict of interest disclosure form and submit to the Michener Institute of Education at UHN Accreditation Office or SPC.
2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose:
3. Speakers (including facilitators and moderators) must disclose any COIs, or lack thereof, verbally and in writing on a slide at the beginning of a presentation. All other individuals who are involved in the CPD activity but who are not presenting to participants (e.g. SPC members, authors, and any other content contributors) must disclose COIs either in writing on a slide at the beginning of a presentation or be included in the written materials of the CPD activity.
4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Title of CPD activity | | | Click here to enter text. | | | | |
| Date of CPD activity | | | Click here to enter a date. | | | | |
| What is your role in the CPD activity? | | | Member of the scientific planning committee | | Moderator | Speaker | |
| Author | Facilitator | |
| Other *(describe)* Click here to enter text. | | | | |
| **Please check off one of the following:** | | | | | | | |
|  | **(A) I do not have a relationship with any for-profit and/or not-for-profit organization to disclose** | | | | | | |
|  | **(B) I** **have a relationship with a for-profit and/or not-for-profit organization to disclose** | | | | | | |
| **If you checked off (B):** Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship: | | | | | | | |
| Nature of relationship(s) | | Name of organization(s) | | Description of relationship(s) | | | |
| Any direct financial payments including receipt of honoraria | | Click here to enter text. | | Click here to enter text. | | | |
| Membership on advisory boards or speakers’ bureaus | | Click here to enter text. | | Click here to enter text. | | | |
| Funded grants or clinical trials | | Click here to enter text. | | Click here to enter text. | | | |
| Patents on a drug, product or device | | Click here to enter text. | | Click here to enter text. | | | |
| All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity | | Click here to enter text. | | Click here to enter text. | | | |
| **To be completed by speakers / presenters only** | | | | | | | |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).  *Note: You must declare all off-label use to the audience during your presentation.* | | | | | | | Yes  No |
| I acknowledge that the [National Standard](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding. | | | | | | | Yes  No |

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|  | **I Agree** | | By checking “I agree” you are acknowledging that the above information is accurate and that you understand that this information will be made publicly available. | | |
| Name: | | Click here to enter text. | | Date: | Click here to enter a date. |