

Contact:	Phone:
Email:	

# Disclosure of Conflict of Interest (COI)

The [National Standard for Support of Accredited CPD Activities](#) (the National Standard) describes the process and requirements for gathering, managing and disclosing conflict of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians.

<b>Name:</b> <small>(with credentials)</small>	<b>Academic Title:</b>	<b>Affiliation:</b>
<b>Program Name:</b>	<b>Program Date:</b>	

<b>Check all that apply:</b>	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator

**All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form. If you require more space please attach an addendum to this page.**

- I DO NOT have a relationship (financial or otherwise) with a FOR-PROFIT.**
- I DO NOT have a relationship (financial or otherwise) with a NOT-FOR-PROFIT organization to disclose.**  
(Speakers, moderators, facilitators, and/or authors who have nothing to declare must inform the audience that they cannot identify any conflict of interest.)

**I HAVE a relationship (financial or otherwise) with a FOR-PROFIT or NOT-FOR-PROFIT organization to disclose.**  
Complete the sections below that apply to you now or **over the previous two years**. Please indicate the for-profit and not-for-profit organization(s) with which you have/had a relationship (financial or in-kind) and briefly describe the nature of that relationship. **Include all relationships, not only those relevant to the subject being discussed.**

Speakers must disclose conflicts verbally and in writing using the COI slide template at the beginning of a presentation. If slides will not be used disclosures must be included in written program materials (ie., conference program, course website, reading material) as applicable.

Nature of Relationship(s)	Name of FOR-PROFIT or NOT-FOR-PROFIT Organization(s)	Description of Relationship(s)
Any direct financial relationship including receipt of honoraria or in-kind compensation		
Membership on advisory board or speakers' bureaus		
Funded grants, research, or clinical trials		
Patents on a drug, product, or device		
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		

**\*To be completed by speakers, moderators, facilitators and authors only**

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the <a href="#">National Standard</a> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Failure to do this is a violation of the National Standard.

## Acknowledgement

I acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_