

**The Dulaney Foundation**  
**Office of Continuing Medical Education**

**Conflicts of Interest Content Validation Form**

CME Activity: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Author/Editor/Reviewer: \_\_\_\_\_ Activity Date: \_\_\_\_\_

You have indicated that your presentation will include discussion of products/services of commercial interests with which you have financial relationships. **This conflict of interest will be resolved through a peer review of instructional materials for content validation; content changes may be required.** Please indicate your understanding of and willingness to comply with each statement below.

**Agree**

**Disagree**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have disclosed all relevant financial relationships, and this will be disclosed to learners prior to my presentation of the CME content.   |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content will be objective, balanced, and free of commercial bias. |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | When discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just from any single company.   |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.  |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.   |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | I will cite references/studies in support of the CME content and ensure the research conforms to accepted standards of experimental design, data collection, and analysis.   |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | The clinical practice and patient care recommendations are based on the best available evidence for this specialty.  |

**I have carefully read and considered each item on this form, and I have completed it to the best of my ability.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please fax completed form to 610-771-4443**