Resolution of COI – Follow-up

**Activity Title:** <<TITLE>>

**Live Activity Date(s):** <<DATE>>

**City/State:** <<CITY/STATE>>

**Name:** <<FACULTY/PLANNER/AUTHOR FULL NAME>>

**After reviewing the information you provided on the “Disclosure Form” it has been determined that you meet the criteria for having a potential conflict of interest. To comply with ACCME requirements, when developing or presenting content, you must agree to the following:**

**1. Adhere to the approved method(s) selected for resolution of COI as indicated on the attached**

**Identification/Resolution of COI form.**

2. All recommendations involving clinical medicine should be **based on “best available evidence”** and represent a standard of practice within the profession of medicine.

3. **Personal or professional preference for products or services may not be expressed if a potential conflict of interest exists.** While you may indicate that you use a particular product or service in your practice, you must not make patient care or practice recommendations based on your “clinical experience” only. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.

4. **It is required that relevant financial relationships be disclosed to participants prior to the activity. For live activities, you must include an opening slide with your disclosure in your presentation and announce the disclosure from the podium prior to beginning the presentation. For enduring materials, disclosure information will appear at the beginning of the activity.** Participants will be asked to evaluate the objectivity of the presentation, and to identify any perceived commercial bias.

**Within my role(s) in this activity, I will ensure balance, independence, objectivity, and scientific rigor. I have reviewed and will abide by the above listed requirements.**

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

Please return by <<DATE>> to: <<CONTACT NAME>>

Fax: <<NUMBER>>

Sign/Scan/Email: <<EMAIL>>