

**CME-CE RESOLUTION OF CONFLICT OF INTEREST and Content Review Attestation  
Return to Office of Academic Affairs Prior to the Activity**

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

**Faculty Name:** \_\_\_\_\_

**Title of Presentation:** \_\_\_\_\_

**Name of Reviewer:** \_\_\_\_\_

**A. CONTENT VALIDATION:**

- The faculty member will submit presentation materials in advance to allow for adequate peer review.
- I reviewed the CME-CE presentation and it meets all the following criteria: a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on the best available evidence and referenced; c) all scientific research referred to, reported, or used in the CME-CE activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.

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**B. CONFLICT RESOLUTION: I have reviewed the speaker's individual disclosure statement and resolved his/her conflicts of interest by the following methods (Check all that apply):**

- The faculty member will or have divested his/herself from this financial relationship.
- The relationship(s) disclosed were determined not to be relevant to the CME-CE presentation.
- I have assigned the faculty member to present on a different topic.
- Elimination: I have eliminated the speaker from participating in the CME-CE activity.
- The faculty member will recommend an alternative presenter for this topic for the planning committee's consideration.
- I have altered, or directed the speaker to alter, the CME-CE content of the presentation, including recommendations for patient care, to conform to WUH content validation standards stated above.
- The faculty member will refrain from making recommendations, regarding products or services, unless all relevant products or services applicable to the same procedure or treatment are presented in an unbiased manner.

**Other Resolution mechanism (please describe):** \_\_\_\_\_

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**Is the faculty member approved as speaker/instructor for the activity?**     Yes     No

**Signature of Reviewer: I attest to the accuracy of this form and the integrity of the content as complying with ACCME standards.**

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

**Activity Director or Delegate**