**FORM TO REVIEW PLANNER / PRESENTER DISCLOSURE**

This form is to be used to evaluate and resolve conflicts of interest of faculty participating in activities sponsored by the University of Rochester Center for Experiential Learning.

**Name of Activity:**

**Date of Activity:**

**Reviewer Name / Title:**

**Planner/Presenter Name:**

**Conflict:** Please refer to Planner/Presenter Disclosure Form dated \_\_\_\_\_\_\_\_\_ showing potential conflict.

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| **Reviewer** | Any presenter disclosing a relevant relationship must be reviewed by the Department Chair, CME Activity Director or Faculty Designee in collaboration with the UR Center for Experiential Learning. ***The reviewer must not have a conflict of interest.***  |
| **Resolution** | **Resolution of Conflict of Interest**(Please check all that apply below, at least one box MUST be selected) |
| **Reviewer Action** |   | Presenter’s presentation was peer reviewed using the Content Review Form to ensure no bias and that the content is valid. |
|  | Presenter agrees to refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings. |
|  | Presenter agrees to support presentation and clinical recommendations by referencing the “best available evidence” in the medical literature and by identifying the conclusions that the evidence supports. |
|  | Presenter agrees to refrain from making any clinical care recommendations other than those specified by the activity planners. |
|  | Presenter’s role will be changed so that he/she is no longer teaching about issues relevant to the products/services of their commercial interest. |
|  | Presenter agrees to alter/discontinue financial relationship with commercial interest. |
|  | Other - **I have given the following instructions to the Presenter:** (Please complete this block describing what instructions you communicated to the presenter). |
|  | It has been determined that the Presenter’s potential COI cannot/will not be resolved in any of the above steps; therefore, Presenter will not be allowed to participate in this educational activity. |
| **The above action was - communicated to the Planner/Presenter via:**  |  [ ] E-mail [ ] Face-to-Face [ ] Phone [ ] Other  |
| **On the following Date:** |  |

Please return by E-mail CMEOffice@urmc.rochester.edu or fax (585-275-3721).

Questions? Please call 585-275-4392.