

**APFME Office of Continuing Medical Education**

955 Main Street, Suite 7230, Buffalo, NY 14203

 Tel: (716) 829-3714 Fax (716)829-3999

**Planner/Presenter CONTENT PROPOSAL/DECLARATION FORM**

**Course Code #:**

**INDIVIDUALS CONTRIBUTING TO THE CME ACTIVITY LISTED BELOW WHO FAIL TO COMPLETE THIS FORM**

 **WILL NOT BE ALLOWED TO PARTICIPATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name/Title**  |

|  |
| --- |
|  |
|  |

 |
| **Email Address/Phone Number** |  |
| **Administrative Contact Email/Phone** |  |
| **Affiliation** |  |
| **Activity Title** |  |
| **Your Role in the Activity** | 🞎 Presenter 🞎 Author 🞎 Moderator 🞎 Planning Committee |

* **To the best of my knowledge, I attest that the information provided below is correct and I will notify the CME Office if there are any changes.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First**, Check the box(es) that most accurately describe your role. . YOU MUST CHECK EITHER THE ‘NONE’ BOX OR 1 OR MORE OF THE OTHERS.

**Second,** list the names of Commercial Interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose the ACCME considers the relevant financial relationships of your spouse or partner that you are aware of to be yours.

|  |  |
| --- | --- |
| **Nature of Relevant Financial Relationship****The following could be perceived as a potential conflict of interest (\*COI).** | **Name of Commercial Interest Organization(s)**  |
| \*\*\*\*See Back for Glossary of Terms |  |
| 🞎 Grant/Research Support |  |
| 🞎 Consultant |  |
| 🞎 Speakers’ Bureau |  |
| 🞎 Major Stock Shareholder |  |
| 🞎 Other Financial or Material Support |  |
| 🞎 Other\* (please identify) |  |

|  |  |
| --- | --- |
| 🞎 NONE  | **Neither I nor my spouse/partner has any RELEVANT financial relationships with any commercial interests in relation to my involvement with the content of the proposed activity.** |

***PRESENTER SECTION: Individual Presentation Outlines/Descriptions are required to meet CME Accreditation Requirements.***

**CONTENT AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEARNING OBJECTIVES** (Two measurable overall objectives)**:** At the conclusion of this presentation participants should be able to:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES** (one or two to be used for content validation and/or verifying evidence-based approach)**:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**