**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 at Buffalo Jacobs School of Medicine and Biomedical Sciences.

**Name of Activity: Date of Activity:**

**Reviewer Name / Title:**

**Planner/Presenter Name:**

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

| **Reviewer** | Any presenter disclosing a relevant relationship must be reviewed by the Department Chair, CME Activity Director or Faculty Designee in collaboration with the UB CME Office. ***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:** |  |