

Disclosure of Conflict of Interest

Date of CPD Activity:			
Title of CPD Activity:			
What is your role in the CPD activity?	☐ Member of the scientific planning committee	☐ Moderator	☐ Speaker
		☐ Author	☐ Facilitator
	☐ Other (<i>describe</i>)		
Complete details of any financial affiliations you have or have had in the last 2 years with for-profit and not-for-profit organizations, below:			
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)	
Any direct financial payments, gifts, in-kind compensation or honoraria			
Membership on advisory boards or speakers' bureau			
Funded grants or clinical trials			
Patents on a drug, product or device; royalties			
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.			
To be completed by speakers, moderators, facilitators and authors only:			
I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication). <i>Declare off-label use to the audience.</i>			☐ Yes ☐ No
I acknowledge that the National Standard requires me to use generic names (or both generic and trade names) to refer to therapeutic options; and not reflect exclusivity or branding.			☐ Yes ☐ No
☐ I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.			
Name:	<i>Please Print</i>		
Signature:		Date:	

Complete and return to:

By email:

By Fax:

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 Created by CME & PD
 Cumming School of Medicine
 University of Calgary