

Drexel University College of Medicine
Office of Continuing Medical Education

Verification and Resolution Form

Title of CME Activity _____

Speaker(s) et al _____

(Attach separate list if necessary)

Date(s) of Activity _____ Program Code: _____

The Accreditation Council for Continuing Medical Education (ACCME) requires that the Accredited Provider identify and resolve conflicts of interest prior to the presentation. A potential conflict of interest is created when an individual is in a position to control the content of CME and either the individual or his/her spouse/domestic partner has a significant relationship with a commercial entity. A significant relationship is defined as a commercial interest within the past 12 months where the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fees, honoraria, stock ownership (excluding mutual funds) or other financial benefit. Financial benefits include employment, contracted research, consulting, speaker's bureau, teaching, membership on boards and panels and other activities for which remuneration is received.

Speakers/Moderators/Planners/Authors, etc. (speakers et al.) are required to disclose relationships well in advance of the educational activity in order to allow time for review and resolution of potential conflicts of interest. The disclosure must include the name of the individual, the name of the commercial interest and the nature of the relationship. Disclosure of these relationships must be **provided to the attendees prior to the start of the activity**. For those who have no relevant relationships, the attendees must be informed that no relevant commercial relationship exists.

The signed *Verification and Resolution Form* and *Disclosure of Relationships and Declaration Forms* for each speaker, et al must be forwarded to the Office of Continuing Medical Education before CME credit can be awarded for the presentation.

In compliance with the ACCME Standards for Commercial Support I confirm that:

Guidelines for Individuals Planning and/or Presenting at CME Activities were provided to speakers et al. in order to safeguard against commercial bias and conflicts of interest;

The *Disclosure of Relationships and Declaration Form* was submitted by speakers et al., who had control over the CME content and reviewed prior to the activity;

Conflicts of interest were resolved by the Activity Director or referred to and resolved by the Peer Review Committee;

Prior to the activity Disclosures were made to the audience regarding 1) no relevant relationships to disclose, 2) relevant financial relationships of speakers et al. with any relevant commercial interest (which is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) and method used to resolve potential conflicts and 3) discussions of any products that are investigational or unapproved by the United States Food and Drug Administration;

All commercial support was in the form of an educational grant payable to the Provider (DUCOM) or the approved designee. The identity of the commercial supporter(s) was disclosed to the audience prior to the start of the CME activity;

Honoraria for the activity were in compliance with DUCOM's Honoraria Policy.

Print Name of Activity Director _____ Signature _____ Date _____

Forward to the Office of Continuing Medical Education at the address or fax below within 10 days following the activity
1427 Vine Street • Room 405 • Mail Stop 1013 • Philadelphia, PA 19102 • Phone: 215-762-2580 • FAX: 215-762-2589

Rev. Sept. 2014