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**CME ADVISORY PANEL**

# *Conflict of Interest Reporting Form*

***This form must be submitted for approval and ratification no later than two weeks prior to the CME Activity.***

**Title of CME Activity**: **Date of Activity:**

**Program Director:**

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians and requires that any “conflicts of interest” identified in the planning of an AMA PRA Category 1 CreditTM activity be resolved prior to the delivery of the educational activity. A “conflict of interest” is created when anyone who is in the position to control the content of the activity has a relevant financial relationship(s) with a commercial interest whose product or service is being discussed as part of the educational activity.

***Please check the appropriate statement:***

🞎 There have been no “conflicts of interest” (as defined by the ACCME) identified in the planning of this continuing medical education activity because It has been determined that the content of this activity is not related to products or business lines of any ACCME-Defined commercial interest.

🞎 Based on review of disclosure information, there are no relevant financial relationships that create conflicts of interest (as defined by the ACCME) identified in the planning of this continuing medical education activity.

🞎 A “conflict of interest” has been identified and resolved in the planning of this continuing medical education activity. Please provide the following information in regard to the conflict of interest and resolution of the conflict (attach additional sheet if necessary):

* 1. Name of the individual with a conflict of interest:
	2. Role in the CME activity:

❒ Activity Planning - Planning Committee, Program Director, Administrator

❒ Content Development - Author, Researcher

❒ Content Presentation – Faculty

* 1. Describe the nature of the conflict of interest:

* 1. Describe your resolution for this conflict of interest:

***If multiple conflicts of interest have been identified for one educational activity, a separate Conflict of Interest Reporting Form must be submitted for each conflict and resolution.***

**S*ignature:*** ***Date:***

*Reviewed and ratified by CME office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_(Initials)*