



## DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The participants at continuing professional development (CPD) activities must be informed in advance of any affiliation, financial interest or other interest that may influence the presentations made by a speaker, workshop facilitator or resource person. The purpose of this disclosure is not to prevent a presenter with a possible conflict of interest from speaking, but to ensure that the audience knows in advance about any affiliations, financial interests or other interest. When these facts are openly stated, the participants can use their own critical judgment to form an opinion about the presentation itself.

By affiliation, we mean, for example, acting as a scientific consultant for a pharmaceutical company (*Advisory Board Member*); by financial interest, we mean, for example, accepting an invitation, incentive, remuneration for services rendered, royalties, or research funds from a corporation, or holding an equity interest in a business. **The table on the following page provides a detailed list of affiliations, financial interests and other interests that must be disclosed.**

### Declaration of the resource person *(this box must be completed in full and by all)*

1. Title of activity: \_\_\_\_\_

2. Date of activity: \_\_\_\_\_

3. I am a (*check all that apply*):

Member of the scientific planning committee

Member of the organizing committee

Speaker  Moderator  Facilitator  Author  Other:  \_\_\_\_\_

4. I currently have, or have had in the last two years, affiliation or financial interest or other interest with any for-profit or not-for-profit organizations (*refer to the items listed in the table on the following page to guide your response*):

No → You should inform the audience that they cannot identify any conflict of interest.

Yes → You **must complete** the table on the next page.

I acknowledge that I have reviewed the declaration form's instructions and guidelines and that information above is accurate. I understand that this information will be publicly available.

Name of respondent (*block letters*) : \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Only speakers, moderators, facilitators and authors must complete this section:

5. I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	You <b>must</b> declare all off-label use to the audience during your presentation
6. I <b>acknowledge</b> that the <a href="#">National Standard</a> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

### Responsibility of the organizer (scientific planning committee of the medical organization)

The activity organizer is responsible for having every resource person (speakers, facilitators, members of the science committee or other) complete this form. The organizer must ensure that the information related to potential or real conflicts of interest is communicated to the participants by a declaration in the abstracts book and that the disclosure of these conflicts of interest (or the lack thereof) is made without fail by the presenter at the beginning of the presentation (verbal and visual disclosure with a slide). For all applications for certification by The College of Family Physicians of Canada, an example of a slide used for this purpose must be attached to the application for certification in order to comply with the [Mainpro+ Certification Standards](#).

**Disclosure of affiliations and interests** (or anyone who answered YES to the corresponding question)

7. Complete the sections below that apply to you now or during the past two (2) calendar years up to and including the current year. Please indicate the for-profit and not-for-profit organizations with which you have/had affiliations, and briefly explain what connection you have/had with the organizations. You must disclose this information to your audience both verbally and in writing.

(Attach an additional page if necessary.)

	<b>Name of for-profit or not-for-profit organizations(s)</b>	<b>Description of relationship(s)</b>
Any direct financial relationships including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		
Funded grants, research, or clinical trials		
Patents for a drug or device		
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		