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Conflict of Interest Resolution Form

Title of CME Activity: _____

Date of CME Activity: _____

Name of Planner/Presenter: _____

The Accreditation Council for Continuing Medical Education (ACCME) has implemented New Standards for Commercial Support, requiring that all planners and presenters disclose all financial relationships with commercial interests, and that any potential conflicts of interest be resolved prior to the activity.

After reviewing the information you provided on the "*Faculty Disclosure Form*", it has been determined that **you meet the criteria for having a potential conflict of interest**. To comply with ACCME standards, when developing or presenting content, you must adhere to the following:

1. All recommendations involving clinical medicine should be **based on "best available evidence"** and represent a standard of practice within the profession of medicine.
2. **Personal or professional preference for those products or services may not be expressed.** While you may indicate that you use a particular product or service in your practice, you must not make patient care or practice recommendations based on your "clinical experience" only.
3. **It is required that relevant financial relationships be disclosed to participants prior to the activity.** Participants will be asked to evaluate the objectivity of the presentation, and to identify any perceived commercial bias.
4. **Presentations should be submitted for peer review and content validation.** If any content falls outside the requirements, you must revise or delete them. You must also adhere to these standards in your formal presentation, syllabus contributions and in any question and answer discussions.

I have reviewed and will abide by the above listed requirements.

Signature _____ Date _____