

Dalhousie University CPD Declaration of Conflict of Interest Form*

*(modified from the Conflict of Interest form of the College of Family Physicians of Canada)

Part 1: All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this section. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

- I do not have an affiliation** (financial or otherwise) with any for-profit or not-for-profit organizations.

If this is the case, **please skip to part 3** to complete and sign. Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.

- I have/had an affiliation** (financial or otherwise) with a for-profit or not-for-profit organization.

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

	Company/organization	Details
I am a member of an advisory board or equivalent with a commercial organization.		
I am a member of a speakers' bureau.		
I have received payment from an organization (including gifts, other consideration, or in-kind compensation).		
I have received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization.		
I hold a patent for a drug, product, or device.		
I hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization.		
I am currently participating, or have participated within the past two years, in a clinical trial.		

I have a relationship with one or more other for-profit or not-for-profit organizations that fund this program.		
---	--	--

Part 2: Only presenters, moderators, facilitators, and authors must complete this section.

	Select one	
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes	No
	You must declare all off-label use to the audience during your presentation.	

Part 3: All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this section.

Check all that apply I am a:	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe)		

<p>PLEASE PRINT CLEARLY (if we cannot read your printed name this will be returned)</p> <p>Title of program/event (NOT your presentation name if a presenter/speaker – the EVENT name):</p> <p>_____</p> <p>Acknowledgment:</p> <p>I, _____, acknowledge that I have reviewed the declaration form’s instructions and guidelines, and that the information above is accurate. I understand that this information will be publicly available.</p> <p>Signature: _____</p> <p>Date: _____</p>
--

Return ONLY page 3-4 to the CPD program provider or organizer who will include them in the application package sent to Dalhousie University Continuing Professional Development.