



Office of Continuing Medical Education

**PEER EVALUATION FORM FOR A CME ACTIVITY TO RATE
POTENTIAL CONFLICTS OF INTEREST**

Please complete this peer evaluation form and submit it at the end of the CME activity. The Activity Director and the Wake Forest School of Medicine (WFSM) Office of Continuing Medical Education staff will review your responses and file it for WFSM accreditation purposes.

CME Activity Title: _____

Activity Location (as appropriate): _____

Date(s): _____

Peer Monitor (your name): _____

Please circle your response to the statements below using the following scale:

SA = Strongly Agree A = Agree N = Neutral D = Disagree SD = Strongly Disagree

1. Overall, this CME activity was well organized.

SA A N D SD

2. Disclosure information was communicated to the audience about any potential conflicts of interest of the Activity Director, planning committee members, teachers/authors, or others involved in this CME activity.

SA A N D SD

3. Disclosure information was communicated to participants regarding when products/services were not labeled for the use under discussion or when the product/service was still under investigation.

SA A N D SD

4. To the best of my knowledge, the recommendations involving clinical medicine were based on best available evidence, and all scientific research referred to, reported, or used in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

SA A N D SD

Please turn over to complete

5. The educational presentation(s) by the teachers/authors were balanced and unbiased towards any specific product/service.

SA A N D SD

6. Any commercial support (educational grants, exhibit fees, and/or in-kind support) was acknowledged to the audience.

SA A N D SD

7. The educational grant(s)/exhibitor fee(s) provided by industry to help support this CME activity did not bias the educational presentation(s).

SA A N D SD

8. Any commercial exhibits/advertisements/promotional materials were separate from the activity.

SA A N D SD

Please list any comments/areas of improvement/causes for concern:

I attended this CME activity as a peer monitor to review any potential conflicts of interest. I was not involved in the planning, teaching, or authoring of this CME activity. My responses are complete and accurate to the best of my knowledge.

Signature: _____ Date: _____