



Resolving Conflict of Interest

In accordance with the ACCME's accreditation criteria, the Orlando Health Department of Continuing Medical Education requires that anyone in a position to control content of an educational activity must disclose all relevant financial relationships with any commercial interest as it relates to the content of the presentation. All conflicts must be resolved prior to the date of the activity. If the conflict cannot be resolved, an alternate speaker must be identified.

Activity Title:	Activity Date:
------------------------	-----------------------

The following individuals have a relevant financial relationship with a commercial interest(s):

Name	Role	Proprietary Entity	Nature of Financial Relationship

The conflicts of interest have been resolved in the following way(s) (check all that apply):

- ☐ Review of speaker's slides was conducted to ensure that the content is balanced, objective, and based on scientific methods accepted in the medical community (evidence-based medicine or best practice).
- ☐ The learners have opportunities for scientific debate or questions during the presentation.
- ☐ Another speaker may be chosen in the stead of the individual with the perceived conflict of interest or another speaker may be chosen to control the part of the content that is the basis for the conflict of interest.
- ☐ The focus of the presentation was changed so the content will not be about products or services of the commercial interest that is the basis of the conflict of interest.
- ☐ The role or function of the person with the conflict of interest was altered so that their role or function has no influences on the part of the activity that would represent a conflict.
- ☐ The planners for the activity have chosen the topics and speakers for the activity.
- ☐ Other: _____

If a conflict cannot be managed, please list two alternate speakers below (in order of preference):

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Please sign and return by email to cme@orlandohealth.com or by fax to 407.649.3108

Signature

Print Name

Date