



**DISCLOSURE FORM**

The possibility for bias or a conflict of interest occurs when the financial interests of an author or presenter/speaker potentially precludes an unbiased, educational presentation of a subject. The disclosure of possible conflict of interest is requested not to censor, but to inform the audience so they may decide for themselves whether or not a presentation is biased.

Section 8.01 of the *Guidelines and Criteria for QU CPPD Program Accreditation* states that every provider, author, presenter, and expert reviewer must complete and submit a Disclosure Form to declare any funding or support received from the Provider/Sponsor in addition to program specific honoraria and expenses.

Section 8.02 of the *Guidelines and Criteria for QU CPPD Program Accreditation* states the disclosure must be published at the beginning of all print/electronic programs and all speakers must provide disclosure to the program participants on an opening slide prior to commencement of a presentation.

Examples of speaker disclosure statements may be found at:  
[www.cshp-bc.com/publications/Speaker%20Disclosure%20Guidelines.pdf](http://www.cshp-bc.com/publications/Speaker%20Disclosure%20Guidelines.pdf)

**Program Title and Date:**

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**Program Sponsor:**

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**Program Provider:**

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**MY PROGRAM AFFILIATION:**

- Author (Independent Study Program)       Presenter/Speaker (Live or Blended Program)

**DISCLOSURE:**

I have no real or potential conflict to disclose.

**I disclose the following real or potential conflict:**

- I am a member of \_\_\_\_\_ (company) advisory board or similar committee.
- I currently participate or have recently participated in a clinical trial sponsored by \_\_\_\_\_ (company).
- I assist in the design of clinical studies concerning the use of products manufactured by \_\_\_\_\_ (company).
- I participate in clinical studies using products produced by \_\_\_\_\_ (company).
- I participate in research sponsored by \_\_\_\_\_ (company)
- I have been paid by \_\_\_\_\_ (company).
- I hold a patent for a product referred to in the presentation or marketed by \_\_\_\_\_ (company).
- other \_\_\_\_\_

**Name** (Please print):

**Signature:**

**Date:**

This form has been adapted from the Disclosure Form of the Canadian Council on Continuing Education in Pharmacy (CCCEP).  
**For QU CPPD Program Guidelines and Criteria for Accreditation, please refer to the QU CPPD Website:**  
[http://www.qu.edu.qa/pharmacy/professional\\_development/index.php](http://www.qu.edu.qa/pharmacy/professional_development/index.php)