**Form 3 --- ALL CONFLICTS MUST BE RESOLVED PRIOR TO THE START OF THE ACTIVITY.**

**Compiled Disclosure & Conflict of Interest (COI) Management form**



Name of Joint Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ │ Date of Meeting \_\_\_\_\_\_\_\_\_\_\_\_ │ live or Virtual Live

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **List All Roles in this Activity** (e.g., Planner, Presenter, Moderator, Reviewer, Speaker, Faculty, Other) | **Are there financial relationships to disclose?** (Yes or No) | If Yes, please list the **Commercial Interest**  **Company Name** | **Role Played**  (e.g., Employee, Consultant, Speaker, Author, Advisory Board member, Independent Contractor, etc.) | **What was Received**  (e.g., Salary, Consulting fee, Honorarium, Royalty, Intellectual Property rights, Contracted research, Ownership interests including stock holdings, etc.) | **Methods for Resolving Conflicts of Interest**  **A.** No financial disclosure  **B.** Financial disclosure not relevant to content  **C.** Independent review of content (If used, see presentation review form) **Do not** use for planners.  **D.** Independent review of planning decisions.  **E.** COI not resolvable, remove individual | |
|  |  |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
|  |  |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
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**I certify that all conflicts of interests have been resolved.**

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| Enter full name and credentials as Planning Signature: |  | Enter Today’s Date: |  |
| Enter full name and credentials as Content Signature: |  | Enter Today’s Date: |  |

***Actions to be taken for final resolution of conflicts of interest (COIs) will be approved and directed by the Program Chair, the Planning Committee, or the ACAAI Education Council, as appropriate.***