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



American College of Allergy, Asthma & Immunology

<Insert Joint Provider Name & Activity Title> │ <Insert Meeting Date >

Deadline: **<Insert Date>**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role in Activity** | **Financial Disclosure & Content Topic** | **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 interest including stock holdings, etc.) | **Method for Resolving Conflict of Interest (COI)** | **Peer Review of CME Content** |
| *Example:**Thomas Jones, MD* | [x]  CME Planner[x]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[x]  Yes**Topic:**Anaphylaxis | [ ]  Not applicable*1. Ethicon**2. Medtronic* | [ ]  Not applicable*1. Speaker**2. Consultant* | [ ]  Not applicable*1. Honorarium**2. Consulting fee* | [ ]  Not applicable[x]  No individual controls content development[ ]  Recusal from specific content[x]  Peer Review of CME content[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[x]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
| *Example:**Anna Smith, MD* | [x]  CME Planner[ ]  Speaker[ ]  Moderator[x]  Reviewer[ ]  Other | [x]  No[ ]  Yes**Topic:**Angioedema | [x]  Not applicable | [x]  Not applicable | [x]  Not applicable | [x]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [x]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
| **Name** | **Role in Activity** | **Financial Disclosure** | **Commercial Interest****Company Name** | **Role Played** | **What was Received** | **Method for Resolving Conflict of Interest (COI)** | **Peer Review of CME Content (i.e. presentations)** |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |
|  |  |  |  |  |  |  |
|  | **Signature of Program Chair or other MD/DO** |  | **Date** |  |  |  |
|  |  |  |  |  |  |  |

**Printed Name**

**Chair of the Planning Committee**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  | [ ]  CME Planner[ ]  Speaker[ ]  Moderator[ ]  Reviewer[ ]  Other | [ ]  No[ ]  Yes**Topic:** | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable | [ ]  Not applicable[ ]  No individual controls content development[ ]  Recusal from specific content[ ]  Peer Review[ ]  Limit content[ ]  Limit sources[ ]  Select new speaker | [ ]  Not applicable[ ]  CME content reviewed, no COI found[ ]  Changes required to resolve COI *(please specify)* |

If the Chair of the Planning Committee has a conflict of interest, please provide the name of another planning committee member, medical director, etc. that resolved the conflict.

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|  |  |  |  |  |  |  |
|  |  **Signature of MD/DO** |  | **Date** |  |  |  |
|  |  |  |  |  |  |  |

**Printed Name**

**Managing Conflicts of Interest (COIs)**

The following options can be used to manage COIs and ensure an individual’s potential conflict of interest (COI) does not have the opportunity to cause bias:

1. Ensure no single individual has control over the content development process
2. Individuals with potential COIs can recuse themselves from involvement in the specific educational content where an opportunity to cause bias exists
3. Peer review the content of the presentation materials to ensure scientific integrity and lack of commercial bias
4. Limit the content to a report of the findings without presenting any recommendations regarding products or services
5. Limit the sources for presentation materials and clinical recommendations to only those sources that are considered “best available evidence”
6. Select another individual that does not have a potential COI with the content to present

*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 Education Council, as appropriate.*