**Form 3a for planners/Program Chair(s)**

**MUST BE COMPLETED PRIOR TO ANY PLANNING OCCURRING FOR THE ACTIVITY**

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



American College of Allergy, Asthma & Immunology

<Insert Activity Title> │ <Insert Activity Date > │ <Insert Activity Location>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **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.** One individual does not control content development**D.** Recusal from specific content**E.** COI not resolvable, remove individual |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Planning Committee Program Chair** |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
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| **Planner -- Planning Committee Member** |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
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| **Planner -- Planning Committee Member** |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
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| **Planning Committee Member** |  |  |  |  | Enter the letter(s) that correspond to the method(s) used to resolve the COI |  |
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| **Planning Committee Member** |  |  |  |  | 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| Enter full name and credentials as signature: |  | Enter Today’s Date: |  |

*If a Planning Committee Chair discloses financial relationships,* ***please list another MD/DO*** *(e.g. planning committee member, a medical director, etc.)* ***that resolved the Chair’s COI****. The Chair cannot resolve their own conflict of interest (COI).*

|  |  |  |  |
| --- | --- | --- | --- |
| Enter full name and credentials as 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.***