

Continuing Professional Development (CPD)

Faculty of Medicine, McGill University

**DeCLARATION OF POTENTIAL CONFLICT OF INTEREST (COI)**

**Resource Person Listing**

**Completed forms**

**Activity Title:**

It is the responsibility of the activity organizer to obtain from all resource persons a completed Declaration of Potential Conflict of Interest form (COI).

Resource persons include: scientific committee chairs and members, organizing committee members, presenters, trainers, facilitators, moderators, authors and medical content writers.

Instructions: complete the fields below with the names of the resource persons linked to the above mentioned activity. Kindly specify if a completed COI form was included with the accreditation request submission.

**Note:** should a committee member also participate as a presenter, kindly submit only one (1) completed COI form.

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| **Scientific and Organizing Committee Members**  **(First Name/Family Name)** | **Completed COI Form Included**  **with Submission**  **(Yes/No)** |
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| **Presenters**  **(First Name/Family Name)** | **Completed COI Form Included**  **with Submission**  **(Yes/No)** |
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