

## DECLARATION OF POTENTIAL CONFLICT OF INTEREST (COI) FORM

In compliance with the [National standard for support of accredited CPD activities \(National Standard\) Element 3](#): It is the responsibility of the activity organizers to ensure that all resource persons (including the members of the scientific and organizing planning committees, presenters, moderators, facilitators, authors, etc.) complete this Declaration of Potential Conflict of Interest (Col) form. Additionally, the activity organizer must certify that all resource persons make disclosure statements verbally and displayed with slides at the beginning of each activity or presentation.

**ACTIVITY NAME:**

**ACTIVITY DATE:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**I do not have an affiliation (financial or otherwise) with a for-profit/not-for-profit organization.**

Resource persons not involved with a for-profit/not-for-profit organization must inform the audience that they have no conflict of interest to declare.

**I have/had an affiliation (financial or otherwise) with a for-profit/not-for-profit organization.**

Include affiliations covering the past two years. At the beginning of each presentation, all resource persons must declare to the audience the nature of the affiliations, the names of the for-profit/not-for-profit organizations and the duration of the relationship (oral and visual disclosure slide required).

TYPE OF AFFILIATION	ORGANIZATION NAME	DURATION (from/to)
I am a member of an advisory board or similar committee		
I am a member of a speakers' bureau		
I have received payment from a for-profit/not-for-profit organization		
I have received grants/honoraria from a for-profit/not-for-profit organization		
I hold patents for products marketed by a for-profit/not-for-profit organization		
I hold investments in a for-profit/not-for-profit organization		
Other (ex. clinical trial)		

**PRESENTERS, MODERATORS, FACILITATORS AND AUTHORS MUST COMPLETE THIS SECTION**

During my presentation, I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., “off-label” use of medications)	Yes	No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the <a href="#">National Standard</a> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	Yes	No	Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards

Please check : I am a ...

- Scientific planning committee (SPC)
- Organizing committee member (OPC)
- Presenter
- Other:

I, \_\_\_\_\_, acknowledge that I have read the instructions provided on this declaration of potential conflict of interest form and the [Guidelines on Declaration of Potential Conflict of Interest](#) and confirm that the information above is accurate. I understand that this information will be made available to the participants. Additionally, I have read the Quick Tips for Speakers provided by the program organizer or by the McGill CPD Office; [The Canadian Medical Association - Guidelines for Physicians in Interactions with Industry](#) and the [Code of Ethics for CPD activities](#).

\_\_\_\_\_  
**Signature**

**Date**

In compliance with the [National standard](#) Element 3: The SPC is responsible to review all disclosed financial relationships of all resource persons, including SPC and OPC members, presenters, trainers, moderators, facilitators, authors, etc. in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have processes/strategies in place for managing/mitigating identified conflict of interest [Quick Tips - Mitigating Identified Cols](#).

Any individual who fails to disclose their conflicts of interest cannot participate as a scientific committee member, speaker, moderator, facilitator or author of an accredited CPD activity.