

**FINANCIAL Support for-profit / not-for-profit**

**Content DEVELOPMENT and event planning**

**Disclosure Form**

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| **ACTIVITY NAME:** |

CPD speakers must present balanced and scientific information. Thus, all speakers must discuss advantages, disadvantages and differing points-of-view, and must not promote products and/or services. Speakers must disclose in writing to the activity organizer all "off label" content. Additionally, the speaker must disclose to the CPD participants any relationship with for-profit and not-for-profit organizations that could affect the event's objectivity or independence (oral and visual disclosure with slide).

The Scientific Planning Committee Chair must complete a COI disclosure form, the table below and confirm that the activity meets the standards of ethics and independence.

**DISCLOSE ALL FINANCIAL support:** for-profit / not-for-profit

All financial contributions made from all sources (example: pharmaceutical, government agency, physician organization, medical departments, etc.…), must be made in the form of an educational grant payable to a physician organization.

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| --- | --- | --- |
| **FINANCIAL SUPPORT:** **Organization name(s) providing funding to the physician organization**If the name(s) is not indicated, a delay in the review will occur | **DESCRIPTION:**Indicate how the financial support will be used (ex. Content development, honoraria, A.V., food, etc... | **AMOUNT IN DOLLARS (CDN):**Insert the support received for the entire program |
|  |   | $  |
|  |  | $ |
|  |   | $ |
|   **Total funding received:** | $ |

**NO FINANCIAL SUPPORT RECEIVED: please ✓   **

**FINANCIAL SUPPORT RECEIVED FROM FOR-PROFIT / NOT-FOR-PROFIT: ✓ all that apply:**

**🗆 Pharmaceutical 🗆 Government Agency 🗆 Medical Department 🗆 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mandatory to answer the following questions and provide signed agreements:**

1. Name of the organization that received the funding in the form of an educational grant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Provide the signed agreement(s) detailing the roles and responsibilities. Signed agreement(s) all submitted:** Yes □ No □

1. If applicable, name of the third party delegated by the SPC or P.O. to issue payments of expenses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Provide the signed agreement detailing the roles and responsibilities. Signed agreement(s) submitted:** Yes □ No □

**As Chair of the Scientific Planning Committee, I confirm that:**

* the speakers and topics for this activity were selected by the Scientific Planning Committee Members and content was not influenced by any for-profit or not-for-profit organization.

DATE: (yyyy/mmm/dd) S**CIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)