**SIUE Continuing Pharmacy Education: Actual, Potential & Perceived Conflict of Interest**

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with an ineligible provider, the products or services of which are pertinent to the content of the educational activity. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

***Ineligible Provider****, any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patient.*

***Conflict of Interest****, circumstances create a conflict of interest when an individual has an opportunity to affect CPE content about products or services of an ineligible provider with which she/he has a financial relationship.*

***Financial Relationships****, are relationships that are expected to result in financial benefit from an ineligible provider, the products or services of which are related to the content of the educational activity.*

***Relevant Financial Relationships,*** *Relationships with ineligible providers in the 24 month period prior to assuming a role in controlling content in a CPE activity. The relationship can be of any amount.*

Your role in this Educational Activity: (*Check all that apply*)

Planning Committee  Presenter/Faculty/Author  Content Expert  Content Reviewer

Moderator Other Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Over the past 24 months, have you had a financial relationship with an illegible provider whose products or services may be relevant to the educational content that you will plan/present for this activity?**

**NO**  **YES –** Provide details of relationship(s) under Description below:

|  |  |  |
| --- | --- | --- |
| ***Check all***  ***that apply*** | **Category** | **Description –** *Provide Name(s) of Organizations & Relationship, e.g salesperson, marketing, education.* |
|  | Employee |  |
|  | Stockholder |  |
|  | Research Support |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

**Section 4: Statement of Understanding**

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and credentials:** |  | **Date:** |  |

**Section 5: CE Administrator Review – To be completed by CE Administrator only**

The CE Administrator is responsible for ensuring completion and review of all Conflict of Interest forms completed by planners, presenters/faculty/authors, and content reviewers, to document evaluation of actual or potential bias and conflict of interest.

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| --- |
| If conflicts of interest are present, the conflicts were mitigated by the following process (check one):  Peer Review Individual ended relationship Selected an alternative person  Revised participant’s role so the conflict was no longer relevant.  Other Click or tap here to enter text.  Accepted by/date Click or tap here to enter text. |
| Accepted by/Date:Click or tap here to enter text. |