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**CONFLICT OF INTEREST DISCLOSURE FORM**

**ON ORGANIZATION/IMPLEMENTATION OF CONTINUING MEDICAL EDUCATION (CME) EVENTS/ELABORATION AND DISSEMINATION OF ELECTRONIC LEARNING MATERIALS (ELM)**

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**MEMBER OF THE ORGANIZING/SCIENTIFIC COMMITTEE, INDIVIDUAL RESPONSIBLE FOR PROGRAM MATERIALS,**

**RESPONSIBLE FOR ELM/COURSE TRAINERS**

(underline)

NAME SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION(S) YOU REPRESENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU OR ORGANIZATION REPRESENTED BY YOU HAVE CONFLICT OF INTEREST RELATED TO

|  |  |  |  |
| --- | --- | --- | --- |
| CME  |  EVENT/ELM \_\_\_\_\_\_\_\_\_\_\_\_\_  title of CME event/ELM |  WHICH IS GOING TO BE HELD ON | \_\_\_\_\_\_\_\_\_\_? year/month/date |

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| --- | --- | --- | --- | --- | --- |
|  YES |

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|   |

 | NO  |

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IF YES, PLEASE DESCRIBE THE CONFLICT OF INTEREST YOU OR ORGANIZATION REPRESENTED BY YOU EXPERIENCED AND HOW WAS IT SOLVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm the accuracy of the provided information.

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