

CONFLICT OF INTEREST DISCLOSURE FORM

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

PLACE OF THE CME EVENT

DAY/MONTH/YEAR

MEMBER OF THE ORGANIZING/SCIENTIFIC COMMITTEE, INDIVIDUAL RESPONSIBLE FOR PROGRAM MATERIALS, INCLUDING ELM/TRAINERS OF DISTANT AND ON-LINE COURSES
(underline)

NAME SURNAME: _____

REPRESENTING ORGANIZATION: _____

DO YOU OR ORGANIZATION REPRESENTED BY YOU HAVE CONFLICT OF INTEREST RELATED TO CME EVENT/ELM _____ WHICH IS GOING
title of CME event/ELM
TO BE HELD ON _____?
year/month/date

YES

NO

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.

_____ 20__