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It is the policy of the University of Toronto, Temerty Faculty of Medicine, Continuing Professional Development to ensure balance, independence, objectivity, and scientific rigor in all its individually accredited or jointly accredited educa­tional programming. **All speakers, moderators, facilitators, authors and scientific planning committee members participating in University of Toronto accredited programs, are required to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program**. This pertains but is not limited to relationships within the last TWO (2) years with for-profit organizations, not-for-profit and public sector sponsors and donors, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation.

The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict of interest should be identified openly so that the listeners may form their own judgements about the presentation with the full disclosure of facts. It remains for the audience to determine whether the speaker’s outside interests may reflect a possible bias in either the exposition or the conclusions presented.)

Disclosures must be made to the audience whether you do or do not have a relationship with the afore-mentioned organizations.

**PART 1:**

**To be completed by scientific planning committee members, moderators, speakers, authors, and facilitators (as applicable).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of CPD activity | | Click here to enter text. | | |
| Date of CPD activity | | Click here to enter a date. | | |
| What is your role in the CPD activity? | | Member of the scientific planning committee | Moderator | Speaker |
| Author | Facilitator |
| Other *(describe)* Click here to enter text. | | |
|  | **I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose** | | | |
|  | **I** **have a relationship with a for-profit and/or a not-for-profit organization to disclose**  Please indicate the organization(s) with which you have/had a relationship over the previous **five** **years** and briefly describe the nature of that relationship. | | | |

The [*National Standard for Support of Accredited CPD Activities*](https://www.royalcollege.ca/en/cpd/royal-college-accredited-cpd-providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities.html) (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/ provincial CME/CPD accreditation systems for physicians. (Please see Element 3).

**PART 2:**

**To be completed by scientific planning committee members, moderators, speakers, authors, and facilitators (as applicable).**

|  |  |  |
| --- | --- | --- |
| **Nature of relationship(s)** | **Name of for-profit or not-for-profit organization(s)** | **Description of relationship(s)** |
| Any direct financial payments including receipt of honoraria | Click here to enter text. | Click here to enter text. |
| Membership on advisory boards or speakers’ bureaus | Click here to enter text. | Click here to enter text. |
| Funded grants or clinical trials | Click here to enter text. | Click here to enter text. |
| Patents on a drug, product or device | Click here to enter text. | Click here to enter text. |
| All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity | Click here to enter text. | Click here to enter text. |

**PART 3:**

**To be completed by speakers only.**

|  |  |
| --- | --- |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).  *Note: You must declare all off-label use to the audience during your presentation.* | Yes  No |
| I acknowledge that the [National Standard](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding. | Yes  No |

**PART 4:**

**To be completed by scientific planning committee members, moderators, speakers, authors, and facilitators (as applicable).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I Agree | | By clicking “I agree” you are acknowledging that the above information is accurate and that you understand that this information will be publicly available. | | |
| Name: | | Click here to enter text. | | Date: | Click here to enter a date. |

Please return completed forms to the program or conference organizers as directed.