

Faculty & Planning Committee Disclosure Declaration Form



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE
 Continuing Professional Development

It is the policy of the University of Toronto, Faculty of Medicine, Continuing Professional Development to ensure balance, independence, objectivity, and scientific rigor in all its individually accredited or jointly accredited educational programs.

Speakers and/or planning committee members, participating in University of Toronto accredited programs, are expected 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 **FIVE (5)** years with not-for-profit organizations, pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic.

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 should be identified openly so that the listeners may form their own judgments 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.

Please indicate if you are participating in this continuing education event as:

- a planning committee member
- a speaker
- both

(Please print or type)

Name: _____

Program: _____

Date: _____

Title of Presentation: _____

I have NO actual or potential conflict of interest in relation to this program.

Signature: _____

Date: _____

I HAVE / HAD financial interest, arrangement or affiliation with one or more organizations, including for-profit and not-for-profit, that could be perceived as a related or apparent conflict of interest in the context of the subject of this presentation over the past FIVE (5) years.

Affiliation / Financial Interest	Name of Organization(s)
Grant / Research Support:	
Consultant:	
Speakers' Bureau:	
Major Stock Shareholder:	
Other Financial / Material Support:	

Disclosure of Investigational Use or "Off-label" Use of Medical Devices, Products, or Pharmaceuticals

I will **I will not** discuss or describe in my presentation at the meeting the investigational or unlabelled ("off-label") use of a medical device, product, or pharmaceutical that is classified by Health Canada as investigational for the intended use.

If you will discuss or describe "off-label" products, you are responsible for disclosing this information to the audience at the beginning of your presentation.

Signature: _____ Date: _____

Please do not send this form back to CPD. It should be forwarded to the attention of the Program Director once completed.