**CLINICAL CONTENT REVIEW**

Name of Reviewer: Date of Submission:

Name of Activity: Date of Activity:

Title of Presentation

\*Person with relevant financial relationship or conflict of interest:

Role of this person: Faculty Planner Moderator Author Other

List the potential relevant financial relationships noted by this person:

**Instructions to Reviewer:**Review the attached course materials for potential conflict of interest or bias. As an independent reviewer please ensure the activity materials are fair, balanced and free of bias toward any ineligible companies whose products or services are related to the content in any way. Ensure the CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.

A. Is this activity fair balanced?  [ ]  Yes [ ]  No

 If No, describe the issue:

B. Is this activity free of commercial bias? [ ]  Yes [ ]  No

 If No, describe the issue:

C. Is the educational content evidence-based? [ ]  Yes [ ]  No

 If No, describe the issue:

D. Do scientific studies cited in this activity conform to standards accepted by the scientific community? [ ]  Yes [ ]  No

 If No, describe the issue:

E. Does the educational content support the learning objectives? [ ]  Yes [ ]  No

 If No, describe the issue:

F. Are these objectives actionable and measurable? [ ]  Yes [ ]  No

 If No, describe the issue:

G. Does the relevant financial relationship of the \*person noted above present a conflict of interest of bias? [ ]  Yes [ ]  No

 If No, describe the issue:

**SUMMARY OF ACTIONS REQUIRED FROM THIS CONTENT REVIEW FORM:**

A. Do any content need to be changed or deleted? [ ]  Yes [ ]  No

 If yes, indicate areas of concern:

B. Are there any studies, data, or best evidence that is missing? [ ]  Yes [ ]  No

 If yes, indicate areas of concern:

C. Is the \*person noted above appropriate in their role? [ ]  Yes [ ]  No

D. Are there any other issues you would like to raise with regard to the content of this activity? [ ]  Yes [ ]  No

 If yes, indicate areas of concern:

**[ ]  I certify that this presentation is free of commercial bias and no action is required.**

**[ ]  I do not approve this presentation for the reason(s) noted above and require corrective actions be taken before the activity is presented..**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (electronic/digit signature accepted) Date

**FOR EACH AREA OF CONCERN ABOVE, NOTE THE ACTIONS TAKEN:**

Action taken: Date completed