



Continuing Medical Education

Physician Course Chair Attestation of Planning Committee Member Conflict

Physician Course Chair (Printed): _____

Activity Titled: _____

Activity Date: _____

You are listed as a Planning Committee Member for the Continuing Medical Education activity listed above. One or more Planning Committee members have disclosed a Conflict of Interest. They are:

Planning Committee Member(s)	Identified Conflict(s)

The Director of Continuing Medical Education will oversee the planning committee member(s) Conflict of Interest document, resume/ CV, and the activity application and will then determine the resolution. Please sign below to attest to the following statements:

- I will monitor the planning committee member(s) contribution to the content of the activity
- I will make sure that a disclosure is displayed to all audience members so that they are aware of the conflict
- I will submit a formal letter at the end of this activity stating the amount of influence the planning committee members conflict had on this activity

Physician Course Chair _____ Date _____

Director of Continuing Medical Education _____ Date _____