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**CME CLINICAL CONTENT REVIEW & VALIDATION FORM**

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| Title of Activity: |  |
| Type of Activity: |  |
| Date of Activity: |  |
| Commercial Supporters: |  |

It is the policy of the Central Illinois Neuroscience Foundation Continuing Medical Education program to insure balance, independence, objectivity and scientific rigor in all CME activities. CME content will be evidence based and free of commercial bias. Anyone engaged in content development, content review, planning or presentation must complete the section below.

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| **CONTENT REVIEWER DISCLOSURE** |
| ***Conflict exists when you have a financial interest or affiliation with a company and the opportunity to affect the CME content about that company’s product or serve as related to your presentation(s) at this activity.*****Have you (or your spouse/partner) had a personal financial relationship *in the last 12 months* with the manufacturer of the products or services *that will be discussed in this CME activity*?****[ ]  NO *Skip to Declaration & Attestation section*****[ ]  YES *Please list your disclosures below*** |
| **COMMERCIAL INTEREST** | **LIST THE NATURE OF RELEVANT FINANCIAL RELATIONSHIP** |
| **What was received?** | **For what role?** |
| ***Example: Company “X”*** | ***Honorarium*** | ***Speaker*** |
|  |  |  |
| **Example Terminology** |
| ***What was received:* Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.** | ***Role(s):* Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities’ (please specify)** |
| **DECLARATION & ATTESTATION** |
| **I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. All recommendations involving clinical medicine will be based on the best available evidence that is accepted within the medical profession.**  |
| **Please print name:** |  |  |  |
| **Signature:** |  | **Date:** |  |

**Instructions to Reviewer:** Please review the attached planning materials for the above named CME activity. As an independent reviewer for the Central Illinois Neuroscience Foundation’s Continuing Medical Education Committee, your role is to ensure that this activity’s materials are fair, balanced, and free of bias. In particular, unpublished content must be scrutinized carefully to determine that it conforms to accepted standards of experimental design, data collection and analysis. Moreover, you must critically review the conclusions inferred from the studies so that treatment recommendations represent the standard of practice within the medical profession in the United States.

**1. Is this activity fair, balanced and free of commercial bias?**

 [ ]  Yes [ ]  No

 *If no, please recommend changes below:*

2. Are patient treatment recommendations included in this CME activity appropriate?

 [ ]  Yes [ ]  No

 *If no, please recommend changes below:*

**3. Is the educational content [including the evidence presented and the conclusion(s) derived] based on valid, accurate and reliable information?**

 [ ]  Yes [ ]  No

 *If no, please recommend changes below:*

**4. Did you find any recommendations for a medication or device that is not approved by the FDA?**

 [ ]  Yes [ ]  No

 *If yes, please designate the specific slide or other course material:*

**5. Should any slide or illustration be deleted? If so, please designate the one(s) that should be deleted and briefly explain why.**

 [ ]  Okay as is [ ]  Changes Recommended (see below)

 *Please identify recommended changes:*

**6. Is the target audience for this activity properly identified? If you believe the audience should be different than that stated, please outline recommended changes below.**

 [ ]  Okay as stated [ ]  Changes Recommended (see below)

 *Please identify recommended changes:*

**7. Are there any other issues you would like to raise with regard to the content of this activity?**

 [ ]  Yes [ ]  No

 *If yes, please outline your concerns below:*

|  |  |  |
| --- | --- | --- |
| **Signature of Reviewer:** |  |  |
| **Date of Review:** |  |       |