



## Resolution of Conflict(s) of Interest Form for Activity Planners

To be completed for each individual involved with the planning and/or implementation of the activity's content **who has disclosed relevant financial relationship(s) with commercial interest(s)**. NOTE: This form must be completed prior to the event.

Activity Title: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Name: \_\_\_\_\_

*I have reviewed the identified financial relationships of the person listed above and resolved his/her conflicts of interest by the following means (check all that apply and provide further explanation).*

- No Resolution Required:** Planning duties associated with this activity are not pertinent to the planner's disclosed financial relationship(s) with commercial interest(s).

**EXPLAIN (required):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Divestment:** Planner has divested from the relationship identified.

- Withdrawal:** Planner has withdrawn from the planning committee.

- Independent Content Validation:** Planning process documentation and sampling of content will be submitted to UAB Division of CME for review.

- Planner will recuse her/himself from that portion of the activity for which a potential conflict exists:**  
 Chose someone else to control that part of the content

- Other**

**EXPLAIN (required):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature**

**Print Name**

**Date**

Check one:

- Activity Director: Title / Department \_\_\_\_\_  
 Other: Title / Department \_\_\_\_\_