

Disclosure of Conflict of Interest

In accordance with the [UBC CPD Ethical Standards](#), based on the [National Standard](#) for Support of Accredited CPD Activities, all members of the scientific planning committee (SPC) and content contributors (speakers, moderators, facilitators, authors) must disclose to their SPC and to participants a description of all financial or in-kind relationships with for-profit and not-for profit organizations over the previous two years that could be perceived to influence the content of the educational activity.

TITLE OF CPD ACTIVITY _____ DATE(S) _____

MY ROLE(S) IN THE CPD ACTIVITY: (check all that apply)

☐ SPC Member
 ☐ Speaker
 ☐ Moderator
 ☐ Facilitator
 ☐ Author
 ☐ Other _____

INSTRUCTIONS

Disclose all your financial relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity for personal gain: This includes **if you are a business owner, company employee**, researcher, consultant, advisor, speaker, independent contractor, executive, or if you receive royalties, own individual stocks, or hold stock options (diversified mutual funds do not need to be disclosed).

SELECT ONE OF THE FOLLOWING STATEMENTS:

- ☐ I **DO NOT** have a relationship, financial or otherwise, with for-profit companies (including as an employee or owner) or not-for-profit organizations, within the past two years, to disclose.
- ☐ I **DO** have or have had a relationship, financial or otherwise, with for-profit companies (including as an employee or owner) or not-for-profit organizations, within the past two years, as disclosed in the table below.

ADD COMPANY/ORGANIZATION NAME, RELATIONSHIP AND MITIGATION STRATEGY:

	Relationship Types (past 2 years)	Company or organization name(s)	Describe the relationships	Explain how you plan to mitigate any perceived bias
A	Any direct financial payments including receipt of honoraria			
B	Membership on advisory boards or speakers' bureaus			
C	Funded grants, research, or clinical trials			
D	Patents on a drug, product or device			
E	Owner or employee of a for-profit business			
F	All other relevant investments or relationships			

FOR CONTENT CONTRIBUTORS ONLY: (presenters, moderators, facilitators, authors)

I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication)	<input type="radio"/> Yes <input type="radio"/> No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the National Standard requires that any description of therapeutic options must use generic names (or both generic and trade names) and not reflect exclusivity and branding.	<input type="radio"/> Yes <input type="radio"/> No	Failure to do this is a violation of the UBC CPD Ethical Standards and the National Standard.

DECLARATION

<input type="checkbox"/> I Agree	By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.		
Name:			
Signature:		Date:	