THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

UBC CPD Conflict of Interest Disclosure Form

PURPOSE: To identify and manage conflicts of interest (COI) to ensure CPD activities remain evidence-based and serve patients rather than commercial or other conflicting interests. This form aligns with the Canadian National Standard.

1. Your Role in the CPD Activity

Your Name		Your Role in CPD Activity	
Title of CPD Activity		Date of CPD Activity	

2. Your Financial Relationships and Interests (past 2 years)

See What to Disclose?

☐ I have **no** financial or in-kind relationships or interests to disclose.

☐ I have the following financial or in-kind relationships and/or interests to disclose:

	Type of relationship(s)	Name(s) of organization/company	Description of relationship(s)	Suggestions for mitigation
A	Received Payments			
B	Advisory & Speaking Roles			
C	Received Funding			
D	Intellectual Property			
E	Professional Roles & Affiliations			
F	All Other Relevant Relationships			

3. Acknowledgments and Signature

By signing below, I acknowledge that:

i. Any therapeutic recommendations for medications that have not received regulatory approval ("off-label" use) must be declared to the audience.	Presenters must declare any off-label recommendations.
ii. Any AI-assisted educational materials must be reviewed by a human expert. Use of AI in content development must be disclosed to participants.	Transparency and oversight in AI use are critical.
iii. The National Standard requires that therapeutic options must use **generic names** (or both generic and trade names) and not reflect exclusivity and branding.	Failure to do this is a violation of the National Standard.

☐ **I confirm that the information provided is accurate and will be shared with participants as required.**

Signature		**Date**	