



Continuing Health Sciences Education

Faculty of Health Sciences
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**PLANNING COMMITTEE MEMBERS
DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST**

Name: Phone: Cell:
Fax: Email: Home:

Program:
Location:
Date:

Disclosure of Potential Conflicts of Interest

Planning Committee members for all CHSE programs organized or accredited by Continuing Health Sciences Education, McMaster University of Hamilton, ON, are required to disclose any involvement with industry that might give a perception of bias to the Program. The following is a list of requirements of the CHSE disclosure guidelines:

- Disclosure must be completed in writing and forwarded to **YOUR NAME Continuing Health Sciences Education & Conference Services (CHSE)** will not assume responsibility to disclose on behalf of Planning Committee. Please do so in writing in each of the registrant packages/syllabus

Please check YES or NO to indicate whether or not you have any Potential Conflicts of Interest below:

- NO**, I have **no** Potential Conflict of Interest for this Program.

OR

- YES**, I have a Potential Conflict of Interest for this Program (please see below).

The questions below are based on the disclosure policy. **If you answer “YES” to any of these questions, we recommend that you declare your Potential Conflict of Interest at the BEGINNING of your Program.**

Regarding a company or companies who have an interest in the content covered by this Program: **Check if “yes” and provide the name of the Company or Companies after each question:**

- Do you have any direct financial interest in any company whose interests are in the area(s) covered by the Program material? Indicate Company Name: _____
- Do you hold investments in the Company? Indicate Company Name: _____
- Are you a member of an Advisory Board or similar committee of the Company? Indicate Company Name: _____
- Are you currently participating, or have you recently participated, in a clinical trial sponsored by the Company? Indicate Company Name: _____



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- Are you participating in clinical studies using products produced by the Company?
Indicate Company Name: _____
- Have you assisted in the design of clinical studies concerning the use of products manufactured by the Company? Indicate Company Name: _____
- Has the Company sponsored any of your research in this area?
Indicate Company Name: _____
- Have you received payment or an honorarium from the Company for speaking?
Indicate Company Name: _____
- Do you hold a patent for a product referred to in the Program or marketed by the Company?
Indicate Company Name: _____
- Do you have a financial affiliation with a company, which is **NOT** sponsoring this event but has competing products or services as the sponsor(s)?
Indicate Company Name: _____

In principle, the audience should be aware of any potential biases a teacher may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences underwritten by educational grants from industry, there is an explicit recognition of the nature of the sponsorship. Armed with this knowledge, an audience can properly evaluate the content of the presentations or teaching.

The following are examples of disclosure statements:

I, have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

OR

I, perceive no conflict of interest with these presentations but presents companies that he/she has worked with or consulted for. List companies: _____

Signature

Date

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