



CME Event REVIEW by Planner

The purpose of this form is to abbreviate the CME application/review/approval process for those programs that meet regularly but whose event topics vary; and to determine if there may be any conflict of interest within a specific event presentation.

Event Topic: _____

Date of Planned Event: _____

Date of Content Review: _____

As Designated Planner for this CME event, I have examined the content of the presentation prior to the event and declare:

- ☐ The content of the presentation for this event was reviewed, is valid, and I approve.
- ☐ Recommend content revision because of my concerns.
- ☐ Any videotaped presentation used within this event has the appropriate signed consent(s) from patient(s) conversations or any other recorded speaking person(s) displayed in the presentation.
- ☐ The content of this event was reviewed, and I recommend only with the specified changes. (see attachment)
- ☐ The event content was reviewed and is not recommended.

Conflict of Interest Disclosure

- ☐ The event content and planning reveal no conflict of interest on the part of any content controllers of the event.

Event Planner

Date