



## Resolution of Conflict of Interest (COI) Form

As a provider accredited by the Medical Association of Georgia, the Southern Alliance for Physician Specialties CME (SAPS CME) must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course Director(s), Planning Committee Members, Faculty, and all others who can control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation

**Activity Title:**

**Date:**

**Course Director:**

**Name of Individual:**

**Role:**  Consultant  Speaker's Bureau  Grant/Research Product  Stock/Shareholder (Self-managed)  Honoraria  Employee FT or PT

**Other:**

*I have reviewed the identified financial relationships for the Meeting Planner, Speaker, Reviewer, Author or ACE Committee Member and handled potential conflicts of interest in the following way:*

Speaker topic and presentation are unrelated to the speaker's disclosed financial relationship(s)

Presentation will include validation of evidence-based content.

Peer review of content will be done to ensure absence of bias and, if necessary, content will be restructured.

Other: *(please describe)*

Conflict resolved based on my knowledge of the speaker, topic and potential commercial conflict(s) listed in below  
Comments:

By checking this box, I attest that the completed information is accurate and is an appropriate resolution.

**Please accept this as my (e)signature.**

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

