



Office of Continuing Medical Education
 Mohammed Ranavaya MD, JD, MS, FRCPI, FFOM
 Associate Dean, CME
 1616 13th Avenue, Suite 3A
 Huntington, WV 25701
 Email: CMEoffice@marshall.edu



CME Peer Review Criteria of Speaker Presentation

Activity: _____ Date: _____

Conducted by activity planners and CME Coordinators.

_____ Copy of Presentation Slides Received

Speaker Disclosure:

Reviewed by placing your initials after review. Please submit the Review to the CME Office.

_____ Speakers Name _____

_____ Disclosure Received Date _____

_____ Unlabeled Use discussion anticipated.

_____ Investigational Product discussion anticipated.

_____ Affiliations with commercial companies past 12 months

_____ Type of Affiliation _____

_____ Years Affiliated _____

_____ % of income _____

_____ Annual remuneration _____

_____ Conflicts of Interest for Ineligible Companies Identified

(Submit the Conflict-of-Interest resolution checklist)

Validation of Clinical Content – Does the presentation adhere to?:

_____ All recommendations involving clinical medicine are based on the evidence that is accepted within the profession of medicine as adequate justification for their indication and contraindications in the case of patients.

_____ All Scientific research referred to conform to the generally accepted standards of experimental design, data collection and analysis.

_____ This CME Activity does not promote recommendations, treatments, or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

Learning Objectives – Compare lecture content with stated learning objectives.

Lecture Title: _____

1. _____

2. _____

3. _____