CME Peer Review Criteria of Speaker Presentation  CME Form 62205

Activity: ____________________ date: ______________
Conducted by activity planners and CME managers.
_______ Copy of Presentation Slides Received.

Speaker Disclosure:
Reviewed by: place your initials after review: Return Review to CME.
_______ Speakers Name __________________________________________
_______ Disclosure Received date—mm/dd/yyyy _________
    _____ Unlabeled Use discussion anticipated.
    _____ Investigational Product discussion anticipated.
    _____ Affiliations with commercial companies past 12 months
       Type affiliation _____________
       Years affiliated ____________
       % of income ______________
       Annual remuneration __________
    _____ Conflicts of Interest identified – Apply the Conflict of Interest
       identification & resolution checklist.

Validation of Clinical Content - Does the presentation adhere to?:
    _____ All recommendations involving clinical medicine is 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 know to have risks or
       dangers that outweigh the benefits or know to be ineffective in the treatment of patients.

Learning Objectives – Compare lecture content with stated learning objectives

Lecture Title: ____________________________________________________________

Learning Objectives

  1. _________________________________________________________________
  2. _________________________________________________________________
  3. _________________________________________________________________