

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. _____