



## Disclosure of Conflict of Interest Form – page 1

### Part 1 – completed by Scientific Planning Committee, Speakers, Moderators, Facilitators and Authors.

I **do not** have an affiliation (financial or otherwise) with any for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

I **have/had** an affiliation (financial or otherwise) with a for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

Complete the sections below that apply to you now or during the past two (2) years up to and including the current year. Information includes relationships with for-profit and not-for-profit organizations.

	Planning Committee, Speakers, Moderators, Facilitators, Authors, Other	For-Profit or Not-for-Profit Organization(s)	Description of Relationship
A	Any direct financial relationships including receipt of honoraria, gifts, in-kind compensation, etc.	Hope Through Strength	receipt of honoraria for work on Advisory Council
B	Membership on advisory boards or speakers' bureaus		
C	Funded grants, research and/or clinical trials		
D	Patents for drug(s) and/or device(s) referred to in the CME/CPD program		
E	Any direct financial relationships that have funded this program		
F	All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity (pharmaceutical, medical device, communications firm)		

### Part 2 – completed by Speakers, Moderators, Facilitators and Authors. Check Yes or No.

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes	<input checked="" type="radio"/> No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the <u>National Standard</u> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	<input checked="" type="radio"/> Yes	No	Failure to do this is a violation of the National Standard and the RCPSC and CFPC requirements.



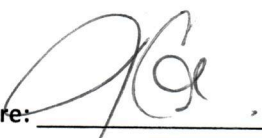
## Disclosure of Conflict of Interest Form – page 2

### Part 3 - Identification

Check all that apply:	Scientific Planning Committee	<input checked="" type="checkbox"/> Speaker
	Moderator	<input type="checkbox"/> Facilitator
	Author	<input type="checkbox"/> Other:

### Acknowledgement

I, Jeannie Coe, acknowledge that I have reviewed the declaration form's guidelines and instructions, and deem all of my information above accurate. I understand that the CME/CPD provider and the Scientific Planning Committee for this program/activity will review all disclosed financial (or otherwise) relationships and determine whether action is required to manage potential, perceived, or real COIs. I also understand that this information will be publicly available.

Signature: 

Date: March 11/24

Please return signed disclosure form (pages 1 & 2) to: [cme.events@usask.ca](mailto:cme.events@usask.ca)

**Compensation:** Your compensation for speaking will be \$100 for 30 minutes of the hour session.

Please check one of the payment options below:

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**Presentation Slides:** CME learners often request speaker slides. These are shared in a PDF format and distributed through our conference app which is only available to conference registrants.

Do you give permission for your slide presentation to be shared? Yes  No

**Copyright:** Please check to note that you agree to be responsible for the copyright compliance of materials that have been created/compiled for this session, and that you will only distribute materials in compliance with the [Canadian Copyright Act](#) and any applicable license agreements. This includes any images or tables from external sites/articles.

**Recordings & Media Release:** Each session will be recorded and shared with the registrants after the event. If you have any concerns, please contact us.

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**Biography:** Submit a short biography for informational and marketing purposes.

**Photo:** Submit a head and shoulders photograph for informational and marketing purposes.

### SPEAKER COMMITMENT

I, Jeannie Coe, accept the following agreement from the division of Continuing Medical Education (CME) to speak at the AIMS-SK conference taking place April 18 - 20, 2024.



UNIVERSITY OF SASKATCHEWAN  
College of Medicine  
DIVISION OF CONTINUING MEDICAL EDUCATION  
CMELEARNING.USASK.CA

Email: [cme.events@usask.ca](mailto:cme.events@usask.ca)  
Website: [www.cmelearning.usask.ca](http://www.cmelearning.usask.ca)

Signature: 

Date: Feb 28, 2024

*\*Please keep a copy of this agreement for your records.*

**CME COMMITMENT**

Signature: *Tammy Glynn*

Date: February 20, 2024

Tammy Glynn

Program Coordinator, Continuing Medical Education, College of Medicine