



## 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.	None	
B	Membership on advisory boards or speakers' bureaus	None	
C	Funded grants, research and/or clinical trials	None	
D	Patents for drug(s) and/or device(s) referred to in the CME/CPD program	None	
E	Any direct financial relationships that have funded this program	None	
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)	None	

### 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.	<del>N/A</del> 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	Facilitator
	Author	Other:

### Event Information

Name of Program/Event	AIMS-SK Module 2   Opioid Use Disorder
Date of Program/Event	June 3, 2022
Title of Presentation (if applicable)	CRNS Policy
Full Name (to appear on schedule)	Donna Cooke, RN
Professional Title (to appear on schedule)	Nursing Advisor

### Acknowledgement

I, Donna Cooke, 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: Donna Cooke

Date: May 24, 2022

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







# Consent to use of image/recording

Date(s) images/recordings taken	Location or event
June 3, 2022	AIMS-SK Module 2   Opioid Use Disorder

I hereby grant to the University of Saskatchewan ("USask") the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the images and/or recordings of me for use in connection with the activities of USask or for promoting, publicizing or explaining USask or its activities.

This permission includes, without limitation, the right to edit, publish and/or store, both within Canada and internationally, the images and/or recordings of me in any of the wide variety of formats and media now available to USask and that may be available in the future. These include—but are not limited to—print, broadcast, video, electronic/online media, social media and online storage repositories.

Furthermore, this permission includes, without limitation, the right of USask to provide images and/or recordings to a third party for the purpose of marketing USask programs. The third party has the right to edit and publish such images in promotional materials.

## About me (\* = required)

Name*	Email*
Donna Cooke	dcooke@crns.ca
Home community, province/state and/or country	I am a: <input type="radio"/> Student <input checked="" type="radio"/> Staff member <input type="radio"/> Faculty member
Saskatchewan	<input type="radio"/> Other _____
College or unit <i>Employer College of Registered Nurses of Saskatchewan</i>	Academic program (if applicable)

## Consent

I certify that I am of legal age (18) and have the right to contract in my own name. I have read and understand the above authorization, release and agreement prior to its execution.

Date* (dd/mm/yyyy)	Signature*
<i>24/05/2022</i>	<i>Donna Cooke</i>

## If under the age of 18

Name of parent/legal guardian*	Signature of parent/legal guardian*

## Additional consent

Explicit consent must be given if participants' images and/or recordings will be used in connection with the following topics:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mental health                    | <input type="checkbox"/> Socioeconomic status | <input type="checkbox"/> Gender identity  |
| <input type="checkbox"/> Mental illness                   | <input type="checkbox"/> Sexual activity      | <input type="checkbox"/> Substance abuse  |
| <input type="checkbox"/> Physical health (including STIs) | <input type="checkbox"/> Sexual orientation   | <input type="checkbox"/> Criminal activity (including physical or sexual abuse) |

☒ Not applicable

Date* (dd/mm/yyyy)	Signature*
<i>24/05/2022.</i>	<i>Donna Cooke</i>

## Marketing and Communications

330-110 Science Place ■ Saskatoon, SK S7N 5C9 Canada ■ Email: communications@usask.ca ■ Tel: 306-966-5186 ■ Website: communications.usask.ca



### SPEAKER ACTION ITEMS

We appreciate your busy schedule but hope that you can set a small amount of time aside to assemble the required information below; e-signatures are accepted. The CME events team is happy to start accepting all information and due, at the very latest, two weeks in advance of the event date.

Please fill, sign, and send all information to [cme.events@usask.ca](mailto:cme.events@usask.ca) at your earliest convenience:

- ✓ MOU agreement (sign below)
- ✓ COI form
- ✓ Model release form
- Photo and short biography — Photo & Bio to follow
- X Direct deposit form (personal or vendor) N/A
- X Invoice N/A
- X Void Cheque N/A

### SPEAKER COMMITMENT

I, Donna Coske, accept the following agreement from the Division of Continuing Medical Education (CME) to speak at the **AIMS-SK Module 2 | Opioid Use Disorder** taking place June 3, 2022.

Signature: Donna Coske

Date: May 24, 2022

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

### CME COMMITMENT

Signature: Tammy Glynn

Date: May 16, 2022

Should you require further assistance with your preparation, we can be reached as noted below. We recognize that your time is heavily committed and greatly appreciate your support.

**Tammy Glynn**

Event Coordinator

Continuing Medical Education, College of Medicine