



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.		
B	Membership on advisory boards or speakers' bureaus	Indivior	Participation on advisory board
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	No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the National Standard 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.	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 3 Alcohol Use Disorder
Date of Program/Event	June 4, 2022
Title of Presentation (if applicable)	Addiction & Chronic Pain
Full Name (to appear on schedule)	Dr. Larissa Kiesman
Professional Title (to appear on schedule)	Family Physician

Acknowledgement

I, Larissa Kiesman, 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: May/24/2022

Please return signed disclosure form (pages 1 & 2) to: cme.events@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* at your earliest convenience:

- MOU agreement (sign below)
- COI form
- Model release form
- Photo and short biography
- Direct deposit form (personal or vendor)
- Invoice
- Void Cheque

SPEAKER COMMITMENT

I, L. KIESMAN, accept the following agreement from the Division of Continuing Medical Education (CME) to speak at the **AIMS-SK Module 3 | Alcohol Use Disorder** taking place June 4, 2022.

Signature:  _____

Date: May 12/2022 _____

**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