Northwestern University

Feinberg School of Medicine   
Office of Continuing Medical Education

**Maintenance of Certification**

**Peer Review Verification**

*This form must be completed and signed prior to the activity.*

*The content reviewer cannot review his/her own content.*

Name & credentials of content reviewer:

Title of activity being reviewed:

Date of activity:

|  |  |
| --- | --- |
| **After review of the program content, I attest that:** | |
|  | The educational content and the planning of the activity is fair, accurate and free to commercial bias. |
|  | The agenda aligns with the learning objectives of the activity. |
|  | I am familiar with the subject matter of the activity/educational material. |
| **If you did not check all 3 boxes above, please describe your concerns here: (example – evidence of commercial bias, unbalanced or unsupported recommendations)** | |
| **Content reviewer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

Please return form to the Office of CME **prior** to activity.