Northwestern University

Feinberg School of Medicine
Office of Continuing Medical Education

**Planning Process Validation Form**

This form must be completed and signed prior to the activity

by a course director or planner who has no conflict of interest

Name of reviewer:

Title of activity being reviewed:

Date of presentation/activity:

|  |
| --- |
| **I attest that:** |
|  | The planning of the educational content is free of commercial influence and/or bias. |
|  | All the recommendations involving *clinical* medicine in the CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications *in the care of patients.* |
|  | All scientific research referred to, reported or used in the CME activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis. |
|  | Speakers and topics reflect the professional practice gap, needs assessments and learning objectives of the activity. |
| **If you did not check all 4 boxes above, please describe your concerns here:**  |
| **Reviewer signature:**   **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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