Northwestern University

Feinberg School of Medicine   
Office of Continuing Medical Education

**Content Validation Form**

This form must be completed and signed prior to the activity for **each** speaker requiring independent content validation (this can be completed by a course director or a peer reviewer who does not share the same conflict(s) of interest)

Name of content reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 I have submitted a disclosure form with the Office of CME within the last 12 months.

Name of individual whose content is being reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of presentation being reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of presentation/activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **After review of the presentation/materials I attest that:** | |
|  | All the recommendations involving *clinical* medicine in the CME activity were 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. |
|  | This CME presentation does not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. |
|  | The educational content was free of commercial influence and/or bias and the presentation did not contain any commercial interest logos. The content is free of self-promotion. |
| **If you did not check all 4 boxes above, please describe your concerns here: (example – evidence of commercial bias, unbalanced or unsupported recommendations, drug company logo on slide)** | |
| **Content reviewer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

|  |
| --- |
| **Signature of course director only required if reviewer identified concerns with content of presentation**  COURSE DIRECTOR If the content reviewer identified any concerns above, please describe how you will resolve the issues prior to the activity:  Course Director signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Content reviewers must be listed on the Program Information to learners as a planner or content reviewer. Please return form to the Office of CME **prior** to activity.