**Content Validation Form & Peer Review Verification**

This form must be completed and signed prior to the activity for:

1. Each speaker that has disclosed financial relationships by one peer reviewer *and/or*
2. All presentations offering Maintenance of Certification (MOC) points by two peer reviewers. Each reviewer fills out his/her own form.

Name of content reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name & date of educational 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. |
|  | This presentation aligns with the learning objectives of the activity. |
|  | I am familiar with the subject matter of the activity/educational material and I did not author the content of this presentation/educational material. |
| **If you did not check all 6 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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

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