**MMET EVALUATION/MONITORING FORM**

**POTENTIAL CONFLICTS OF INTEREST**

*Please complete this evaluation form and submit it at the end of the CME activity.*

CME Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Location (*as appropriate*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Monitor (*your name*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall, this CME activity was well organized.

Agree Disagree

2. Disclosure information was communicated to the audience about any potential conflicts of interest of the Activity Director, planning committee members, teachers/authors, or others involved in this CME activity.

Agree Disagree

3. Disclosure information was communicated to participants regarding when products/services were not labeled for the use under discussion or when the product/service was still under investigation.

Agree Disagree

The Planner/Presenter Disclosure information for this *activity w*as communicated to the participants of the session prior to the presentation. The information was communicated by the means of:

Check all that apply:

 [ ]  Notation on promotional materials.

 [ ]  Verbal disclosure by speaker.

 [ ]  Verbal disclosure by coordinator.

 [ ]  First slide of presentation.

 [ ]  Sign on registration table.

 [ ]  Printed on sign-in sheet.

|  |
| --- |
|  |
|  |

 [ ]  Printed on evaluation form.

 [ ]  Other, please specify:

4. Any commercial support (educational grants, exhibit fees, and/or in-kind support) was acknowledged to the audience.

Agree Disagree

5. The educational grant(s)/exhibitor fee(s) provided by industry to help support this CME activity did not bias the educational presentation(s).

Agree Disagree

6. Any commercial exhibits/advertisements/promotional materials were separate from the activity.

Agree Disagree

Please list any comments/areas of improvement/causes for concern:

*I attended this CME activity as a monitor to review any potential conflicts of interest.*

*My responses are complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_