**MMET ACTIVITY MONITORING FORM**

**POTENTIAL CONFLICTS OF INTEREST**

*This evaluation form must be completed during the CME activity by a planner or peer to review the activity for disclosures and potential conflicts of interest. Please complete and submit this form at the end of the CME activity.*

|  |  |
| --- | --- |
| CME Activity Title: |  |
| Activity Location (*as appropriate*): |  |
| Date(s): |  |
| Presenter: |  |
| Activity Monitor (*your name*): |  |

1. 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

2. The Planner/Presenter disclosure information for this activity was communicated to the participants of the session prior to the presentation.

Agree  Disagree

3. The disclosure information was communicated by the means of:

Check all that apply:

Notation on promotional materials.

Verbal disclosure by speaker\*.

Verbal disclosure by coordinator\*.

Slide in presentation prior to educational content.

Sign-in registration table.

Printed on sign-in sheet.

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Printed on evaluation form.

Other, please specify:

\*Note: If a disclosure is given only verbally, the disclosure must be recorded verbatim and submitted for proof of disclosure. It may be recorded here or on another document:

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

Agree  Disagree  N/A

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

Agree  Disagree  N/A

6. 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  N/A

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

Agree  Disagree  N/A

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

|  |
| --- |
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*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:** |  |