



## Disclosure Review & Conflict of Interest Mitigation Form for Accredited Continuing Education

Name of person whose disclosure you are reviewing: \_\_\_\_\_

Title of Continuing Education: \_\_\_\_\_

Date of Education: \_\_\_\_\_

Disclosed entities are NOT ineligible companies as defined by the ACCME:  
*An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

Presentation material, handouts, and/or slides were reviewed by a non-conflicted individual, and no evidence of conflict of interest or commercial bias was found.

Disclosures were reviewed and determined to not be relevant to program content. Please explain:

The presenter provided written attestation that clinical recommendations will be evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines). **Attach the speaker's attestation statement to this form.**

Planner role limited: not allowed to participate in content development or speaker selection. Please explain.

Conflicts could not be mitigated. Individual was recused from participating as a planner or speaker.

Additional reviewer comments:

Reviewer: \_\_\_\_\_

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

For additional information about disclosures and conflicts of interest, please contact the UI CME office at 319/335-8599.