|  |
| --- |
| Mitigation Measures to Resolve Conflict of Interest |
| Individual with COI: |

**Select either B or C below.** Use Evaluation of Conflict of Interest Flow Chart to determine appropriate path

|  |
| --- |
| [ ]  *Option B: Select the applicable exemption(s) below for the employee or owner of an ineligible company* |
| [ ]  *Content is related to basic science research (such as pre-clinical research and drug discovery or the methodologies of research) and they do not make care recommendations.* | [ ] *They are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.*  |

|  |
| --- |
| [ ]  Option C Mitigation Options Date Mitigation Implemented: |
| Mitigation steps for Planners/Committee Members | **Mitigation Steps for Faculty/Others** |
| [ ]  Divest the financial relationship | [ ]  Divest the financial relationship |
| [ ]  Recusal from controlling aspects of planning and content with which there is a financial relationship (submit meeting minutes showing recusal) | [ ]  Peer review of content by persons without relevant financial relationships. Peer reviewer: |
| [ ]  Peer review of planning decisions by persons without relevant financial relationshipsPeer Reviewer: | [ ]  Attest that clinical recommendations are evidenced based and free of commercial bias (eg. peer-reviewed literature, adhering to evidence-based practice guidelines) **Individual to sign attestation below.**  |
|  | ***Note: Presentations with COI will need to be submitted to CE Department*** |

|  |  |  |
| --- | --- | --- |
| I, |  | , attest that clinical recommendations are evidenced based and free from commercial bias. |
|  |  |  |  |
| Date |  | Signature |  |