

CONFLICT OF INTEREST DISCLOSURE FORM

**ON ORGANIZATION/IMPLEMENTATION OF CONTINUING MEDICAL EDUCATION (CME)
EVENTS/ELABORATION AND DISSEMINATION OF ELECTRONIC LEARNING MATERIALS (ELM)**

**MEMBER OF THE ORGANIZING/SCIENTIFIC COMMITTEE, INDIVIDUAL RESPONSIBLE
FOR PROGRAM MATERIALS,
RESPONSIBLE FOR ELM/COURSE TRAINERS
(underline)**

NAME SURNAME: _____

ORGANIZATION(S) YOU REPRESENT: _____

DO YOU OR ORGANIZATION REPRESENTED BY YOU HAVE CONFLICT OF INTEREST RELATED TO
CME EVENT/ELM _____ WHICH IS GOING TO BE HELD ON _____?
title of CME event/ELM year/month/date

YES

NO

IF YES, PLEASE DESCRIBE THE CONFLICT OF INTEREST YOU OR ORGANIZATION
REPRESENTED BY YOU EXPERIENCED AND HOW WAS IT SOLVED

I confirm the accuracy of the provided information.

_____20____