# Declaration form

# for: Authors, Presenters, Program Providers and conference organizers

This form is to be completed by each individual involved in the development and delivery of the learning activity as a program provider, author, presenter or conference organizer. It is to be submitted with the learning activity materials.

|  |  |
| --- | --- |
| **Learning Activity title** |  |
| **Date(s) of delivery** |  |
| **Full Name** |  |

|  |  |
| --- | --- |
| **Check all that apply** | |
| I am the **author** of the learning activity |  |
| I am the **presente**r of the learning activity |  |
| I am the **program provider** (or their representative) of the learning activity |  |
| I am the **conference organizer** (or their representative) of the learning activity |  |

| **Condition/Requirement** | **Yes/correct** | **No** |
| --- | --- | --- |
|  | | |
| **Instructions:** Answer “yes” or “no” to each question. Authors and Presenters **must** answer questions 1 to 14. Providers and Conference Organizers **must** answer questions 15 to 22. | | |
|  | | |
| **Active Learning and Evidence-Based Content** |  |  |
| 1. I will provide learners with the opportunity to interact with, or apply, the information (e.g., case studies, reflective exercises, discussion groups). |  |  |
| 1. I will provide learners with an opportunity to ask questions. |  |  |
| 1. The evidence presented in this presentation is a thorough and balanced presentation of the best available current evidence relating to the topic of the learning activity. |  |  |
| **Transparency and Minimizing Bias** |  |  |
| 1. I use only generic names in this presentation.  * *If your answer is “yes”, go to next question* * *If your answer is “no”, complete 4.1 to 4.3* |  |  |
| * 1. I have:   (i) used trade names only when necessary for accuracy,  (ii) only used the trade name once,  (iii) presented all relevant trade names for similar/equivalent products/devices for all companies, and  (iv) if there is only one drug/device, I have noted that there is only one drug or device. |  |  |
| * 1. I have provided a rationale for the use of brand names or trade names in Appendix A: Rationale for Use of Brand/Trade name (below) |  |  |
| * 1. When I use a trade name – I have placed the generic name in brackets after the trade name |  |  |
| 1. I have used a “short generic name” for some products   *NOTE: You may use a short version of the generic name for those that are long and complex (provided you use the full name when first used)* |  |  |
| 1. I have **not** used corporate or company names or logos in the presentation, except to acknowledge a sponsor at the beginning of the presentation |  |  |
| 1. I have **not** used images or materials from promotion or product information of commercial enterprises |  |  |
| 1. No product or company information will be presented or distributed in the meeting room or within 15 feet of the entrance to the meeting room. |  |  |
| 1. I have included Disclosure/Conflict of Interest slides in my presentation, even if I have nothing to disclose; and indicated how I have mitigated potential bias.  * *[Note: sample Disclosure/Conflict of Interest slides are available on CCCEP’s website]* |  |  |
| 1. I have completed and submitted a Disclosure/Conflict of Interest Form |  |  |
| **Sponsorship** |  |  |
| 1. I have received funds from a commercial interest to develop, author or present the learning activity.  * *If the answer is “no”, go to next question.* * *If the answer is “yes”, answer11.1 to 11.3* |  |  |
| * 1. I have exercised independent judgement in the development and presentation of the learning activity and have ensured that I have not been influenced by the sponsor in the selection, development or presentation of the content for this learning activity. |  |  |
| * 1. The name of the sponsor was presented once, and only once, in the presentation. |  |  |
| * 1. I will **not** state or demonstrate a preference for a specific brand or company. |  |  |
| **Learner Materials and Evaluation of Learning Activity** |  |  |
| 1. I will provide the learners with a reference list and/or list of further readings. |  |  |
| 1. The colour scheme of my slides is neutral and is **not** similar to the colours used in a company or product promotion materials or website of any product mentioned in the learning activity. |  |  |
| 1. I have appropriately used and acknowledged copyrighted materials. |  |  |
| **To be completed by program providers only:** |  |  |
| 1. I determined the need for the learning activity through a needs-assessment or similar process. |  |  |
| 1. I have ensured that the learning activity is relevant to the work and decisions of pharmacy professionals. |  |  |
| 1. I will provide each learner with an evaluation form at the end of the session and encourage its completion. *(Note: for conferences one form that evaluates the conference as a whole and the sessions within it is also acceptable)* |  |  |
| 1. I have ensured that the expert reviewers/expert panel’s comments on the content of the learning activity have been incorporated or otherwise addressed (e.g. by responding in detail to the expert reviewer) if they indicated that revisions were required and that they have reviewed and approved without conditions or revisions the version submitted to CCCEP for accreditation. *(Note: not applicable to conferences)* |  |  |
| 1. I will provide CCCEP with a summary of the results of the learner evaluations of the learning activity/conference. |  |  |
| 1. I will ensure that each participant receives a statement of attendance with the required information – (name, licence number, title, date of presentation, location, number CEUs etc. – see Guideline F for the list of required information). |  |  |
| 1. I will maintain a list of those who attended the learning activity for a period of three (3) years. |  |  |
| 1. The number of CEUs includes only the time of the presentation and learner assessments. Breaks and meal time (where applicable) are not included in the number of CEUs. |  |  |

**Acknowledgment:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*print name*], acknowledge that the above information is accurate and I understand that this information will be publicly available.

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Signature Date

(electronic signature is acceptable)

**Appendix A: Rationale for Use of Brand/Trade names**

[Please state your rationale for the use of the Brand/Trade names in the presentation]