# Declaration/Checklist of Author, Presenter, Program Provider

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

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

|  |
| --- |
| **Check all that apply (If you are the author, presenter and program provider, check all three (3))** |
| 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 |  |

| **Condition/Requirement** | **Yes** | **No** |
| --- | --- | --- |
|  |
| **Instructions:** Answer “yes” or “no” to each question. You must answer all questions.  |
|  |
| **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.
* *[See sample Disclosure/Conflict of Interest slides]*
 |  |  |
| 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 each learner with an evaluation form at the end of the session and encourage its completion.
 |  |  |
| 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 CCCEP with a summary of the results of the learner evaluations of the learning activity.
 |  |  |
| 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.
 |  |  |
| 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 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

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

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

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