CSAM SMCA
Canadian Society of Addiction Medicine
La société médicale canadienne sur l'addiction

Conflict of Interest Disclosure Form

For office use only.
Activity and Role for this COI:

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions. The intent of this disclosure requirement is to inform of any potential bias, not to prohibit participation.

Disclosure is an ongoing obligation. You are expected to notify the CSAM-SMCA executive committee of any circumstances that arise.

What to disclose: All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

What is your role in the CPD activity?	☐ Member of the scientific planning committee	☐ Moderator	☐ Speaker	☐ Author	☐ Facilitator
	☐ Other *(describe)*				

☐ **I DO NOT have an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization to disclose.**

☐ **I HAVE/HAD an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization.**

Complete details of any financial affiliations you have or have had within the last two years with for-profit or not-for-profit organizations, and briefly describe the nature of each affiliation below.

	Nature of relationship(s) to the organization	Name of for-profit or not-for-profit organization(s)	Details
A	I am a member of an Advisory Board or equivalent with a commercial organization.		
B	I am a member of a Commercial Speakers' bureau.		
C	I have received payment from a commercial organization (including gifts or other consideration or 'in kind' compensation).		
D	I have received a grant(s) or an honorarium from a commercial organization.		
E	I hold a patent for a product that is marketed by a commercial organization.		
F	I, or a close family member (partner, spouse, parent, sibling or child) receive or may receive financial remuneration (including speaking or consulting fees, patents or other royalties, employment, including contract or consultancy, stock or other corporate ownership grants, loans or other financial interest) from a pharmaceutical organization, cannabis company or related business, medical devices company or communication firm aside from mutual funds.		
G	I am currently or have participated in a commercial clinical trial associated with a pharmaceutical or cannabis company within the past two years.		

Resolution of conflict of interest

☐ I will report all potential conflict of interest association.

☐ I will refrain from making recommendations regarding products or services in which I have a vested interest.

☐ I will or have divested myself of the above-noted financial relationships.

(continued on page 2)

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Only presenters, moderators, facilitators, and authors must complete this section.

	Check one		
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes ☐	No ☐	*You must declare all off-label use to the audience during your presentation.*
I acknowledge that the National Standard requires that any descriptions of therapeutic options use generic names (or both generic names and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	Yes ☐	No ☐	*Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.*

Please list all places of employment and sources of employment income.

Please list all research grants and financial supports you have received (not listed on page 1) in the past 5 years.

Please list all professional involvement or affiliations with any organizations.

Please list all professional involvement with any political activities including government committees, government consulting work, or professional appointments.

Declaration

I declare having disclosed all sources that may be reasonably construed as conflict of interest. I acknowledge that it is my responsibility to notify the CSAM-SMCA Executive Committee of any change in status of the above information, including new conflicts unanticipated at this time.

** Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made as deemed necessary.

I, _____ (Print Full Name) have reviewed the declaration form instructions & guidelines, and the information above is accurate. I understand that this information may be made publically available on the CSAM-SMCA website.

Signature: _____ **Date:** _____