

CONFLICT OF INTEREST RESOLUTION FORM

FOR CONFLICTED PLANNER

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| **CME Activity Title:** |  |
| **CME Activity Date:** |  |

I hereby acknowledge that one of the planners for this activity  has a relevant financial relationship that generates a conflict of interest. While the presentation content will be reviewed at a later date, I attest at this time that the choice of speaker and topic by the conflicted planner is appropriate, as determined by me, a non-conflicted Education Team/CME Committee member.

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Reviewer Print Name Reviewer Signature Date