

**CONTENT REVIEW FORM**

Speaker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CME Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions regarding the clinical content of the education.**

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? [*Standards for Integrity and Independence 1.1]* Yes No

*Comments:*

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation?  *[Standards for Integrity and Independence 1.2]* Yes No

*Comments:*

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [*Standards for Integrity and Independence 1.3]*

Yes No

*Comments:*

Does the education activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning?  *[Standards for Integrity and Independence 1.3]*  Yes No

*Comments:*

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? *[Standards for Integrity and Independence 1.4]* Yes No

*Comments:*

Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**If the answer to any of the above questions is No, please respond to the questions on page two of this form.**

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**SUMMARY OF ACTIONS REQUIRED FROM THIS CONTENT REVIEW FORM:**

A. Does any content need to be changed or deleted? Yes No  
 If YES, indicate areas of concern:

B. Are there any studies, data, or best evidence that is missing? Yes No   
 If YES, indicate areas of concern:

C. Is the person noted above appropriate in their role? Yes No

D. Are there any other issues you would like to raise with regard to the content of this activity?  
 Yes No

If YES, indicate the areas of concern:

I certify that this presentation is free of commercial bias and no action is required.  
 I do not approve this presentation for the reason(s) noted above and require corrective actions be taken   
 before the activity is presented.

Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR EACH AREA OF CONCERN ABOVE, NOTE THE ACTIONS TAKEN:**

Action taken: Date completed:

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