

DOCUMENT SHOULD BE ON SPONSORING DEPARTMENT/SECTION LETTERHEAD

(DATE)

Coordinator
Office of Continuing Medical Education
University of Illinois College of Medicine at [INSERT CAMPUS]

To Whom it May Concern:

[INSERT NAME AND TITLE OF INDIVIDUAL WITH CONFLICT] is a [SPEAKER OR PLANNING COMMITTEE MEMBER] for the [INSERT TITLE OF CME ACTIVITY] that is scheduled for [INSERT DATE OF ACTIVITY]. I have reviewed the content of the presentation by [INSERT NAME OF INDIVIDUAL WITH CONFLICT] and, in spite of [INSERT THE NATURE OF THE CONFLICT AND COMMERCIAL ENTITY INVOLVED] I see no bias or commercial slant in the presentation. I have determined that the relationship identified on the Disclosure of Financial Interest form will not have an undue impact on the participation of this [SPEAKER OR PLANNING COMMITTEE MEMBER]. I consider this Conflict of Interest to be resolved.

Sincerely,

[INSERT NAME OF ACTIVITY DIRECTOR]*
[INSERT TITLE OF ACTIVITY DIRECTOR]
[INSERT DEPARTMENT/SECTION]
The University of Illinois College of Medicine at [INSERT CAMPUS]

*Where the Activity Director is the individual with the conflict the department head and/or another planning committee member must review the disclosed conflict of interest and complete this form.

Submit the completed documentation along with the Disclosure of Financial Interest documentation to the CME Coordinator.