***POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM***

The participants in a continuing professional development (CPD) activity should be informed of any affiliation or interests that could influence the presentation of a speaker, a workshop leader or a resource person and that could introduce an orientation or a bias. The intention of disclosure is not to prevent a presenter with a potential conflict of interest from speaking, but to inform the audience in advance of the possible affiliations or conflicts of interests. Since these facts are known openly, the participants can think critically and render an informed judgement on the content of the presentation itself. A conflict of interest can occur when activities or situations place an individual or an organization in front of commercial, financial or non-monetary (such as a political orientation) interests, which could influence or guide comments or come into conflict with the inherent interests related to the duties and responsibilities associated with the participation in a CPD activity. These interests can be related to the organization for which he/she works and/or to the individual, to members of his/her family, to his/her friends or professional associates – past, present or future.

Affiliation means, for example: acting as a consultant for an organization; financial interest means, for example: accepting an invitation, gratuity or remuneration for services rendered, royalties or research funds from a business corporation, or holding a financial interest in a company.

# Declaration of the resource person

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check all that apply I am a: | * Member of the scientific committee
 | * Member of planning committee
 | * Moderator
 | * Speaker
 |
| * Author
 | * Facilitator
 |
| * Other (describe)
 |

In relation or not with the content of this activity, I have had in the past two years, an affiliation or financial or any other interests of any nature with a for-profit or not-for-profit organization, or I find that I must disclose to the audience a particular non-monetary interest or orientation.

No [ ]  Yes [ ]

**If yes**: specify the type of affiliation (for example: I am an advisor for the XYZ company, I am receiving research funds from the XYZ company, I am in the process of receiving a patent for treatment X, a member of my family works in such field, I am a member or president of such association), the name(s) of the organization/field and the corresponding period of time (please attach an additional sheet as needed).

|  |  |  |
| --- | --- | --- |
| Type of affiliation | Name of the organization | Period |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **This section is to be filled out by speakers, moderators, facilitators and authors only :**  | **CIRCLE 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](https://www.cfpc.ca/CFPC/media/Resources/Communications/CFPC-Conflict-of-Interest-Policy.pdf) requires that any descriptions of therapeutic options use generic names (or both generic 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. |
| In the presence of significant affiliation or interests, I commit to informing participants of the strategies used to mitigate these potential biases. | **Yes** | **No** |  |

**Acknowledgement**

**Name** *(print)***:**

**Title and date of educational activity: 27th Annual Meeting of the Vision Sciences Research Network**

 **December 4 2024**

**I acknowledge that I have reviewed the declaration form’s instructions and guidelines, and that the information above is accurate. I understand that this information will be made available to the participants.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any individual who fails to disclose their conflicts of interest cannot participate as a scientific committee member, speaker, moderator, facilitator or author of an accredited CPD activity.