



To ensure balance, independence, objectivity, and scientific rigor in all its accredited educational activities, CSEM adheres to the [National Standard of Support for Accredited CPD Activities](#). Conflict of interest disclosures allow participants to make informed decisions regarding any potential bias in the information presented.

Definitions

A **conflict of interest** is a set of conditions in which judgement or decisions concerning a primary interest (e.g.: a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues). Conflicts of interest may be **real** (two or more interests are indisputably in conflict) or **perceived** (the appearance of conflict as judged by outside observers regardless of whether conflict actually exists).

Disclosure Policies

- Disclosures must be made to the audience whether or not you have a relationship to disclose.
- Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation.
- Disclosures for committee members, moderators, authors, etc. will be publicly available and included in event materials (e.g. presentations, event website, event program, etc.).
- Any individual who fails to disclose their relationships cannot participate as a planning committee member, speaker, moderator, facilitator or author of an accredited CPD activity.
- You must ensure that the content and/or materials presented (where applicable) provide a balanced view across all relevant options related to the content area.
- The description of therapeutic options must utilize generic names and not reflect exclusivity and branding.
- All therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use) must be declared to the audience during your presentation.
- CSEM will review disclosures and may suggest actions to mitigate any conflicts of interests.
- If a conflict of interest is determined to be impossible to mitigate, your participation in the program may be terminated.

You must disclose *all relationships with for-profit and not-for-profit organizations over the previous 2 years* regardless of their relevance to the subject matter being discussed or presented, including (but not necessarily limited to):

- Any direct financial payments including receipt of honoraria;
- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.



Name: Pauline Pariser

Learning Activity / Program Title: Improving Consultation Notes Webinar

Date of Learning Activity: April 15, 2026

Please indicate each of the following categories that describe your involvement with this activity:

Planning Committee Member Facilitator Moderator Speaker

Other, specify

Conflict of Interest

I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents on a drug, product or device		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity		

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

YES NO N/A

Please sign—by hand or digitally—and return by email to: info@endo-metab.ca



I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

YES NO N/A

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

YES NO N/A

I intend to use generative AI to assist with designing this presentation. All outputs will be reviewed, fact-checked, and modified by me, and responsibility for the content remains my own.

YES NO N/A

I have obtained all necessary rights and permissions and will ensure appropriate acknowledgements in my presentation. CSEM assumes no responsibility for your presentation.

YES NO N/A

I agree to allow my presentation to be recorded and available to CSEM Members via CSEM's Knowledge Library for 5 years from the presentation date.

YES NO N/A

I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Signature: Pauline Pariser
Pauline Pariser (Mar 11, 2026 10:18:26 EDT)

E-signature: By checking this box, I am giving my digital signature.

Date: March 11, 2026







CSEM COI Disclosure Fillable Form

Final Audit Report

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