

CSEM requires Resident Review Course SPC Members to declare real and perceived conflicts of interest before discussions or decisions about any matters in which they could directly or indirectly benefit or where such a benefit could be perceived. Disclosure is not intended to restrict relationships, but to inform CSEM that a relationship exists in order to ensure objectivity. For more details, please refer to CSEM's Conflict of Interest Policy.

A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest 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).

You must disclose all relationships with for-profit and not-for-profit organizations over the previous 2 years regardless of their relevance to CSEM business, 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 CSEM business.

**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.

As an SPC Member, I acknowledge that CSEM adheres to the [National Standard of Support for Accredited CPD Activities](#).  YES  NO  N/A

As a SPC Member, I acknowledge that CSEM expects its Faculty, as physicians, to adhere to the Canadian Medical Association's [Guidelines for Physicians in Interactions with Industry](#).  YES  NO  N/A

I acknowledge that the information on this form is accurate, and I understand that this information may be made available to CSEM members, auditors and regulatory bodies upon request.

**Name:**

**Hand Signature:**



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

**Date:** May 20th 2026

## CSEM CONFLICT OF INTEREST DECLARATION Resident Review Course SPC Member

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		
Directorships, partnerships, trusteeships, employment and other business involvement in an organization with an interest related to CSEM business		
All other investments or relationships that could be seen by a reasonable, well-informed person as having the potential to influence CSEM business		