Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario

CEPD continuing education and professional development

The Continuing Education and professional Development Declaration of Conflict of Interest Form

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. If you require more space, please attach an addendum to this page.

☐ **I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.** (Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)

☒ **I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.**

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including the current year. Please indicate the for-profit and not-for-profit organizations with which you have/had affiliations, and briefly explain what connection you have/had with the organizations. You must disclose this information to your audience both verbally and in writing.

	Name of for-profit or not-for-profit	Description of relationship(s)
Any direct financial relationships including receipt of honoraria.	North East Regional Cancer Program/Ontario Health; Ontario Medical Ass	stipend / consulting fees / honoraria
Membership on advisory boards or speakers' bureaus.		
Funded grants, research, or clinical trials.		
Patents for a drug 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.		

Part 2

Only presenters, moderators, facilitators, and authors must complete this section.

	Check 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 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+ and MOC Standards.***

Part 3

Check all that apply.

I am a: ☐ Member of the scientific planning committee ☐ Moderator ☒ Speaker ☐ Author
☐ Facilitator ☐ Other (describe): _____

Name/title of program/event: MAHC Grand Rounds

Acknowledgement

I, Christine Seidler, 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 publicly available. I will advise the CEPD Office should my affiliations change.

Signature: _____ Date: March 6, 2026

***** Note that this contract is valid for 2 years, provided that no changes are identified through the verification process prior to each use case of the document. *****