

**CONFLICT OF INTEREST MITIGATION FORM****Activity Name:** \_\_\_\_\_**Dear** \_\_\_\_\_, **(Speaker's Printed Name)**

Since you have disclosed at least one financial relationship with an ineligible company, we must mitigate that relationship before you can continue to participate in the activity. To help us do so, please answer the following questions and return this form prior to your participation in the session/activity:

1. Is the educational content you may control/present related to the business lines or products of the ineligible company/companies with which you have a relationship?     ☐ **YES**     ☐ **NO**
  
2. Do you attest that you will refrain from making recommendations regarding the use of drugs or devices from companies with which you have a financial relationship?     ☐ **YES**     ☐ **NO**
  
3. If you do present recommendations regarding the use of drugs/devices from companies with which you have a financial relationship, do you attest that your recommendations will be based on data/findings from peer-reviewed sources or based on the best available evidence-based medicine?     ☐ **YES**     ☐ **NO**

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