

**Conflict of Interest Presentation Review Form**

**Return this completed form to your CME conference coordinator**

Reviewer Name: \_\_\_\_\_  
(Name/Credentials/Title)

1. Presentation Title: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

- In your professional opinion, is the content unbiased and evidence-based?
  - Yes
  - No (please provide feedback below)
- Please describe biased content (if applicable):
  
- Please provide specific feedback on how bias should be addressed/resolved (if applicable):

2. Presentation Title: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

- In your professional opinion, is the content unbiased and evidence-based?
  - Yes
  - No (please provide feedback below)
- Please describe biased content (if applicable):
  
- Please provide specific feedback on how bias should be addressed/resolved (if applicable):

3. Presentation Title: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

- In your professional opinion, is the content unbiased and evidence-based?
  - Yes
  - No (please provide feedback below)
- Please describe biased content (if applicable):
  
- Please provide specific feedback on how bias should be addressed/resolved (if applicable):