**Continuing Medical Education Advisory Panel**Content Review Questionnaire

This Content Review Questionnaire may be used as a mechanism to manage a potential conflict of interest (COI) in an activity approved for *AMA PRA Category 1 Credit™* by the Pennsylvania Medical Society’s CME Advisory Panel. The reviewer should complete all the required information, sign, and return the form to the organization/organization contact listed below.

Organization: Click here to enter text

Organization Contact: Click here to enter text

Activity Information

Title of CME Activity: Click here to enter text

Title of presentation/content to be reviewed: Click here to enter text

Presenter/Faculty: Click here to enter text

Content Review

To be completed by the Program Chair or designated planning committee member:

Please review the presentation/content listed above and check the appropriate answer to the following questions:

Does the content promote improvements or quality in healthcare?

Yes  No  N/A

Comments:

Click here to enter text

Does the content promote a specific proprietary business interest of a commercial entity?

Yes  No  N/A

Comments:

Click here to enter text

Does this content discuss a specific treatment therapy or device?

Yes  No  N/A

If yes:

Are generic product names used rather than specific trade names?

Yes  No  N/A

Are alternative therapies or devices also discussed?

Yes  No  N/A

Are both the benefits and risks of the therapy or devise discussed?

Yes  No  N/A

1. Is the content evidence-based, citing relevant literature, not just that which focuses on positive outcomes?

Yes  No  N/A

Does the content include a discussion of any off-labeled or investigational uses of a commercial product?

Yes  No  N/A

If yes:

Does the faculty disclose this?

Yes  No  N/A

Comments:

Click here to enter text

Does the faculty identify relevant research on this subject?

Yes  No  N/A

Comments:

Click here to enter text

Is the content balanced and unbiased?

Yes  No  N/A

Comments:

Click here to enter text

Please list any general comments that you have about the balance and objectivity of this content as well as any concerns that you may have after reviewing the content:

Click here to enter text

**Reviewer’s Name:** Click here to enter text

**Title:** Click here to enter text

**Affiliation with Organization (above):** Click here to enter text

**Date:** Click here to enter text