



## Peer Review CME Validation Form

**Instructions to Reviewer:** Please review the attached course materials for the above referenced CME lecture. As an independent reviewer for the Santa Clara Valley Medical Center your role is to assure that the activity materials are fair balanced and free of bias toward the commercial supporters of the activity (if any) or manufacturers of products discussed in the activity. Please review patient treatment recommendations to assure that they represent standard of care and the use of best evidence. Please also review the studies cited to assure that they are scientifically objective and methodologically sound. Please also review the material for any important omissions. Please feel free to discuss these materials directly with the speaker for any necessary clarification.

Reviewer: Kindly complete your disclosure information in the section below:

Name, degree: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### Reviewer Disclosure

I attest that neither I (nor my spouse/partner) had a personal financial relationship in the last 12 months with a manufacturer of pharmaceutical products or services that will be discussed in this CME activity

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Reviewer's Signature

Date of Review

The faculty speaker listed below will present a lecture or lectures for a SCVMC continuing medical education activity and has disclosed a potential conflict of interest with the following pharmaceutical entity and/or device manufacturer:

Speaker Name:

Course Title:

Course Date (s):

Name of Company

Nature of Relationship

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I have reviewed the speaker presentation(s) and have noted the following:

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Recommendation:

- Approved
- Approved with Revision
- Not Approved

Reviewer Signature

Review Date

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FOR CME Committee USE ONLY