



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

PGME Conflict of Interest Declaration Form

The Postgraduate Medical Education office policy for addressing conflicts of interest is based on the principles of recognition, disclosure, and management to promote transparency to prevent and effectively deal with Conflicts of Interest (COI). All individuals must apply and adhere this policy to their PGME related activities, should a conflict of interest be identified.

PGME members who recognize an apparent or actual COI with themselves, a faculty member, resident, staff member, or other member of the university should refer to the procedures within the PGME COI Policy and complete this form if required. Program level COI committees may have a separate form to complete.

This form should be used to indicate whether the member(s) acts as an officer or a director of any outside entity whose interests would reasonably appear to be affected by a PGME related activity, or where the PGME activity may be affected by the outside interests. The member(s) must disclose any financial, personal, business, volunteer, or other affiliations that may give rise to a real or apparent conflict of interest.

PGME members who are doing pre-approved, contracted work for the University of Saskatchewan may not be required to complete a disclosure form for each educational activity they perform. This will be determined at the discretion of the COI committee, Department/Unit Head and/or PGME Associate Dean.

Researchers may be required to sign a declaration stating all known conflict of interests had been declared prior to the university authorizing the release of any research funds and that the researcher commits to notify their respective Department/Unit head should a conflict arise at a later point.

Whenever possible, all COI disclosures must be reviewed, and an outcome determined before the PGME activity can proceed.

Complete, sign and return this conflict-of-interest declaration form to the residency training program Conflict of Interest Committee or Department/Unit Head. Once complete, a copy of this form must be sent by email to the PGME office: postgrad.med@usask.ca.



Conflict of Interest Disclosure form

(To be completed by the member(s))

Title of activity			
Date of activity			
<input type="checkbox"/> I do not have an affiliation (financial, personal, educational, or otherwise) with any for-profit (pharmaceutical, medical device, communications firm, etc.) and/or not-for-profit organization(s).			
<input type="checkbox"/> I have/had an affiliation (financial, personal, educational, or otherwise) with a for-profit (pharmaceutical, medical device, communications firm, etc.) and/or not-for-profit organization(s) and/or member of the University of Saskatchewan. Please indicate the nature with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.			
Nature of relationship(s)	Name of organization(s) or individual	Description of relationship(s)	
Any direct financial payments including receipt of honoraria, gifts, benefits, favours etc.			
Membership on advisory boards or speakers' bureaus			
Funded grants and/or clinical trials			
Patents on a drug, product, or device			
Any direct financial investments or relationships that have funded this program			
All other personal relationships that could be seen as having the potential to influence the content of the activity			
<input type="checkbox"/> I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information may be publicly available.			
Name:		Date:	
Title/Role:			
Signature:			



Acknowledgement/Approval:

(To be completed by Committee Chair and/or Department Head and/or PGME Associate Dean)

<input type="checkbox"/> Activity Approved	By selecting "Approved" you are acknowledging that the COI disclosure has been reviewed and is approved. The PGME related activity/relationship can proceed as proposed.		
Name:			
Title/Role:			
Signature:		Date:	

(To be completed by Committee Chair and/or Department Head and/or PGME Associate Dean)

<input type="checkbox"/> Activity Approved with Conditions	By selecting "Approved with Conditions" you are acknowledging that the COI disclosure has been reviewed and is approved with conditions listed below. The PGME related activity/relationship can proceed as proposed.		
Conditions:			
Name:			
Title/Role:			
Signature:		Date:	

(To be completed by Committee Chair and/or Department Head and/or PGME Associate Dean)

<input type="checkbox"/> Activity Not Approved	By clicking "Not Approved" you are acknowledging that the COI disclosure has been reviewed. The PGME related activity/relationship cannot proceed as proposed.		
Name:			
Title/Role:			
Signature:		Date:	



PGME Approval (if required):

(To be completed by PGME Office)

<input type="checkbox"/>	Received by PGME	The above information has been received by the PGME office. Final approval is requested by the PGME Associate Dean. The PGME office may consult with University Legal Counsel, Privacy Office, or Human Resources Office if required.	
Name:			
Title/Role:			
Signature:		Date:	

<input type="checkbox"/>	Activity Approved	<input type="checkbox"/>	Activity Not Approved
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Notes:	
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