

American Society of Clinical Psychopharmacology Reviewer Report Form

This form is to assist the reviewer of CME presentations to record their review findings and to suggest ways in which conflicts of interest can be resolved/managed. The identity of each reviewer is kept confidential.

Name of Presenter: _____

Name of Presentation: _____

Type of Presentation: ___ Live ___ Video ___ Audio ___ Written

Name of Reviewer: _____

☐ As a reviewer, I have a conflict with this presenter or topic of presentation and cannot proceed.

If able to review, I certify that:

☐ 1. I have received the disclosure form for this presenter.

☐ 2. I have reviewed the above presentation.

☐ 3. I believe that the presentation is balanced, unbiased, and utilizes the best available evidence, with the following exceptions listed below. If no exceptions, write "none":

Options to resolve conflict, please choose one:

☐ 4. Though there is a conflict, it has been resolved by: _____

☐ 5. The conflict which exists requires additional action. Optional actions include:

☐ Speaker Change: _____

☐ Topic Change: _____

☐ Slide or Topic Exclusion: _____

☐ Other: _____

Signed: _____ Date: _____