

Illinois Council of Health-System Pharmacists
Continuing Pharmacy Education Department

Verification of Non-Bias

Activity Title: _____

Activity Date: _____

Name of Reviewer: _____

Moderator CPE Coordinator

Please check each line

	Yes	No	NA
Presentation gave a balanced view of therapeutic options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If content included trade names, were trade names from several companies used, not just trade names from a single company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all financial disclosures for ineligible companies noted either in slides or handouts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation was free of commercial service or product endorsement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the speaker indicate when off-label use was discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to any of the issues listed above, please describe: _____			

By signing this document I attest to the information above.			
_____	_____		
<i>Signature</i>	<i>Date</i>		

PLEASE RETURN THE COMPLETED FORM TO:

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