**APPLICATION FOR CPD ACCREDITATION**

MEDICAL ORGANISER’S DECLARATION

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| Title of Event: |
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| Date(s) of Event: |
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As the Medical Organiser of the above programme, I declare that:

* The scientific programme was developed under my supervision and responsibility, and presents a scientifically balanced perspective of the subjects included;
* This programme complies with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements applicable in the country where it is being held;
* All members of the Scientific and/or Organising Committee have provided a declaration of potential or actual conflict of interest;
* The Scientific and/or Organising Committee has determined the content of all aspects of the event to be free of any attempt by sponsors to influence the Committee’s decisions;
* I am aware of the source and form of any commercial funding received to develop this programme;
* All faculty and other speakers at this live educational event have disclosed, or will disclose, any potential or actual conflict of interest. This will be published, and stated at the beginning of their presentation(s);
* I will ensure that the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products will be enforced;
* I hold Specialist Registration with the Irish Medical Council.

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| Full Name: |
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| Irish Medical Council Registration Number: |
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Signature (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_