



Canadian Pediatric Endocrine Group
Groupe canadien d'endocrinologie pédiatrique

Declaration of Conflict of Interest

CPEG requires all members of the Executive Committee to complete this Disclosure of Conflict of Interest form annually. The 2007 CMA *Guidelines for Physicians in Interaction with Industry*¹, Section 24, states that,

“CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.”¹

This serves as the basis for CPEG’s conflict of Interest policies; however, CPEG goes beyond this definition and applies this policy in a broader context. The intent of this policy is not to prohibit speakers from presenting, but rather to inform the audience of any bias that speakers may have.

Definition:

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

1. All financial or ‘in kind’ relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.
2. The attached form must be completed and submitted to the CPEG President annually.
 - Part 1 must be completed by all members of the CPEG Executive Committee.
3. Examples of relationships that must be disclosed include but are not limited to the following:
 - Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical devices company or communications firm (“the Organization”)
 - Investments held in the Organization
 - Membership on the Organization’s Advisory Board or similar committee
 - Current or recent participation in a clinical trial sponsored by the Organization
 - Member of a Speakers Bureau
 - Holding a patent for a product referred to in the CME/CPD activity or that is marketed by a commercial organization

Reference: ¹ CMA Policy: *Guidelines for Physicians in Interactions with Industry*. Approved 2007-Dec-01.
<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

Part 1: All members of the CPEG Executive Committees must complete this form annually and submit to the CPEG President. Disclosure must be made to the public whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm.

I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.

I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience.

		Company/Organization	Details
A	I am a member of an Advisory Board or equivalent with a commercial organization.		
B	I am a member of a Speakers Bureau.		
C	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)		
D	I have received a grant(s) or an honorarium from a commercial organization.		
E	I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization.		
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.		
G	I am currently participating in or have participated in a clinical trial within the past two years.		

Name of Program/Event: **CPEG Annual Scientific Meeting** Date: March 5, 2026

Acknowledgment: I, Beth Cummings, acknowledge that the above information is accurate and I understand that this information will be publicly available.

This Declaration may be signed and dated by hand or electronically.

Signature: Electronically signed Date: March 5, 2026

I ACCEPT

By selecting the "I Accept" button, I am giving my electronic signature and verify that the information I have submitted on this Declaration is true and accurate.

Scan and email this form, or click the e-mail button on the top page to send this form, to inquiry@cpeg-gcep.net.