



**CONTENT REVIEW FORM FOR LIVE ACTIVITIES**  
**PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION**  
**1330 Eisenhower Boulevard, Harrisburg, PA 17111**

**Overview of POMA’s Content Review Form:**

This Content Review Form may be used as a mechanism to manage a potential conflict of interest in an activity approved for AOA Category 1 CME Credit by the Pennsylvania Osteopathic Medical Association. The reviewer should complete all of the required information, sign, and return the form to POMA.

The Pennsylvania Osteopathic Medical Association (POMA) is accredited by the AOA to provide CME for physicians. As such, POMA must ensure balance, independence, objectivity and scientific rigor in all its educational projects. Fair, unbiased education serves as part of the foundation for development of quality CME. This review form provides a standardized mechanism for identification, review and analysis of a CME activity.

**Meeting Information (To be completed by a Task Force on CME Programs committee member)**

- Title of CME Activity:** Click or tap here to enter text.  
**Date of Activity:** Click or tap here to enter text.  
**Title of Presentation to be Reviewed:** Click or tap here to enter text.  
**Date of Activity:** Click or tap here to enter text.  
**Presenter:** Click or tap here to enter text.  
**Session Coordinator:** Click or tap here to enter text.

**Meeting outcome(s) that this session fulfills** (these can be either overall meeting outcomes or specific session objectives):  
 At the conclusion of this session, the participant should be able to:  
 Click or tap here to enter text.

**Disclosure Information (Submitted by presenter)**

**Disclosure of financial relationship(s):** Click or tap here to enter text.  
**If yes, description of financial relationship(s):**  
 Click or tap here to enter text.

**Content Review (To be completed by the designated reviewer)**

Please review the presentation listed above and check the appropriate answer to the following questions:

	Yes	No	N/A
1. Does the presentation promote improvements or quality in healthcare? Comments: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the presentation promote a specific proprietary business interest of a commercial entity? Comments: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this presentation discuss a specific treatment therapy or device? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are generic product names used rather than specific trade names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are alternative therapies or devices also discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are both the benefits and risks of the therapy or device discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the presentation evidence-based, citing relevant literature, not just that which focuses on positive outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			

**Content Review (continued)**

Yes	No	N/A
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4. Does the presentation include a discussion of any off-labeled or investigational uses of a commercial product? If yes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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a. Does the presenter disclose this in the presentation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: [Click or tap here to enter text.](#)

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5. Does the presenter identify relevant research on this subject?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: [Click or tap here to enter text.](#)

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6. Is the presentation balanced and unbiased?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: [Click or tap here to enter text.](#)

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7. Does this presentation accomplish (or help to accomplish) the outcomes listed above?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: [Click or tap here to enter text.](#)

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8. Please list any general comments that you have about the balance and objectivity of this presentation as well as any concerns that you may have after reviewing the content:

[Click or tap here to enter text.](#)

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**Reviewer's Signature:** \_\_\_\_\_

*If sent electronically, attach and use e-mail acknowledgement.*

**Name (printed):** [Click or tap here to enter text.](#) \_\_\_\_\_

**Date:** [Click or tap here to enter text.](#) \_\_\_\_\_

**UPON COMPLETION RETURN TO:**

POMA CME Department • [cme@poma.org](mailto:cme@poma.org) • fax 717.939.7255