

## Pre-Activity Clinical Content Review and Validation

(Note: to be completed by the designated Pre-activity Representative)

### Pre-Activity Representative

The Pre-Activity Representative is required to submit a Pre-Activity Clinical Content Validation and Review Form (CCRV) related to final activity content. Person in this role can be an ACEP staff member. **A completed disclosure form is required in order to finalize the application submission.**

Name of Pre-activity Representative:

Name of Activity:

Date of Activity:

**Instructions to Pre-activity Representative:** Please review final versions of all course materials for the above-named CME activity. As an independent reviewer for the American College of Emergency Physicians, your role is to assure that activity planning, development, and implementation is fair balanced and free of bias toward commercial supporter(s) of the activity (if any) or manufacturers of products discussed in the activity.

Moreover, you are being asked to scrutinize patient treatment recommendations to assure that they represent a standard of practice within the profession in the United States. In addition, we ask that you review the studies cited, relative to the content, upon which recommendations are made to assure that they are scientifically objective and conform to research principles generally accepted by the scientific community. Finally, please look at that materials from the perspective of omissions and commissions.

**Note:** To check a box, double click on the box, then click the radio button to the left of "Checked" for the Default Value. The document is set up to be editable so that you can add space as needed for comments as relevant for each individual section.

#### 1. Review for Fair Balance and Bias.

A. Is this activity **fair balanced**?

Yes  No If No, please comment below:

B. Is this activity **free of commercial bias**?

Yes  No If No, please comment below:

C. Are **generic names** for drugs or equipment used?

Yes  No If No, are several trade names from several companies mentioned?

Yes  No If No, please list other trade names from several companies, If applicable, below:

#### 2. Patient Treatment Recommendations.

A. Are the patient treatment recommendations included in this CME activity **evidence-based**?

Yes  No If No, please comment below:

B. Are the patient treatment recommendations included in this CME activity **appropriate for the target audience**?

Yes       No    If No, please comment below:

C. Are the patient treatment recommendations included in this CME activity **contributing to overall improvements in patient care**?

Yes       No    If No, please comment below:

### 3. Scientific Validity.

Do scientific studies cited in this activity **conform** to standards accepted by the scientific community?

Yes       No    If No, please comment below:

### 4. Learning Objectives.

A. Does the educational content **support** the learning objectives?

Yes       No

B. Are these objectives **actionable and measurable**?

Yes       No

C. Please comment below and include suggested revisions to objectives if appropriate:

### 5. Omission and Commission

A. Do any slides or materials need to be deleted?

Yes       No    If Yes, please be specific:

B. Are there any studies, data, or best evidence that is missing?

Yes       No    If Yes, please be specific:

C. Are there any other issues you would like to raise with regard to the content of this activity?

Yes       No    If Yes, please be specific:

### 6. Reviewer's Certification

I attest that I completed my role according to the stated instructions and certify the above to be true and accurate.

**Date of Review:**

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**Signature (electronic signature accepted)**

**Electronic Signature Requirements** – Typed signatures must be accompanied by an e-mail substantiating that the reporting individual completed and submitted the form themselves; e-signatures (original/actual signatures copied and pasted into the document) do not require e-mails.