



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Tandakhe Ndiaye D.E.E
AFFILIATION: Université Cheikh Anta Diop - Faculté de Médecine de Pharmacie (FMPO)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

30-09-2025

Conflict of Interest Declaration

In order to comply with the Department of Healthcare Professions (DHP), Ministry of Public Health (MOPH), accreditation standards for Continuous Professional Development (CPD) activities, all speakers (presenters) facilitators, moderators, authors and scientific planning committee members involved in the accredited CPD activity must declare any Conflict of Interest.

Kindly take a few minutes to read and complete the form below for the activity: **PVAC-POLIO ADVANCED COURSE IN VACCINOLOGY** to be delivered from October 26 till October 30, 2025

We thank you in advance.

* Indicates required question

1. Email *

tandakha.ndiaye@ucad.edu.sn

2. Name *

Tandakha Ndiaye Diéye

3. Professional title *

Professor

4. What is your role in the course? (Please tick all that apply) *

Check all that apply.

- ☒ Speaker (presenter)
- ☒ Scientific Planning committee (SPC)
- ☐ Facilitator
- ☐ Moderator
- ☐ Author
- ☐ Other: _____

CPD-HP (QU Health) Resolution of Conflict-of-Interest Form

It is a requirement that CPD activities adhere to the **Department of Healthcare Professions (DHP) Ethical Standards for Accredited CPD activities**.

The CPD-HP (QU Health) Conflict of Interest Procedure requires that an appointed person (a non-SPC member, appointed by the CPD chair) evaluates the completed conflict of interest declarations, and to identify any declared conflicts of interest. The conflict-of-interest declaration form should be completed by all parties that may influence the learning content and/or delivery; this includes but is not limited to: SPC members, speakers, moderators, and presenters.

The SPC Chair should continue to follow up with all parties to ensure timely submission of the declaration.

The appointed person (yourself) should complete the form below and include all relevant details.

Name:	Professor Tandakhe Ndiaye DIFE
Title of CPD Activity:	
Date of CPD Activity:	

Part 1: Evaluation of Conflict of Interest

- ☒ I confirm that I have received the Declaration of Conflict of Interest from all parties that may influence the learning content of the above-mentioned CPD activity.
- ☒ I confirm that I have reviewed all Declaration of Conflict-of-Interest forms.

Part 2: Resolution of Conflict of Interest

- ☒ I confirm that there are no identified potential Declaration of Conflict of Interests. OR
- ☐ I confirm that I have resolved any potential Conflicts of Interests in accordance with the CPD-HP (QU Health) Conflict of Interest (COI) Procedure (Please provide details below)

Details of potential COI:	
Actions taken to resolve potential COI:	

- ☐ Declaration: I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Signature:

Date:

30-09-2025

