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Activity Evaluation

This structured declaration form enhances professional accountability for medical lecturers. It protects you professionally, clarifies your role and benefits, and strengthens institutional trust and governance. thereby strengthening learner trust and the credibility of educational programs.

Activity Details

Activity Details	
Participant Name	
Affiliation	
Position	
Title of Activity	
Date	
Location/Platform	
Scientific event	
E mail	
Mobile	

Signature

Name (Print): _____

Signature: _____

Date: _____

For Official Use Only

Received by:	Date / /
Reviewed by:	Date / /
CPD Coordinator	
Date	Reference No.



Declaration form- Rights and obligations

Declaration

I, the undersigned, hereby declare that:

1. Originality of Work

- The content of my presentation is my own work or co-authored work, and I have the full right and authorization to present it.
- All sources, contributors, and collaborators are properly acknowledged. No part of the work has been plagiarized.

2. Ethical Compliance

- Where applicable, the research presented has obtained all required ethical approvals from relevant authorities.
- Any studies involving human participants or animals were conducted in accordance with recognized ethical standards.

3. Permission for use:

I consent to have my presentation recorded, photographed, and/or published by the AMETI as part of conference proceedings, the event website, or other official media.

4. Accuracy and Responsibility

- The information and data presented are accurate to the best of my knowledge.
- I accept full responsibility for the integrity and accuracy of the material I present.

5. Conflict of Interest (COI)

- I have fully disclosed any actual, potential, or perceived conflicts of interest, including financial support, sponsorship, or commercial affiliations.
- I have no conflicts of interest to declare

○ Conflict of interest: I have conflicts of interest as follows:

Signature: _____

