

# Course Director Attestation Sheet: Ensuring that Clinical Content is Valid

Program Name:

Program  
Date:

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Please attest to the following questions regarding the clinical content of the education.

I attest that recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

**YES**

I attest that recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

**YES**

I attest that all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

**YES**

I attest that if any new and evolving topics for which there is a lower (or absent) evidence base will be offered, it will be clearly identified as such within the education and individual presentations.

**YES**

I attest that the educational activity will avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.

**YES**

I attest that the activity will exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**YES**

I attest that the activity excludes promotion of stereotypes, bias, shame or stigma in presentations of images and words in reference to any differences between people including, but not limited to: Age, Behavior, Physical or Mental Disability, Gender, Immigration Status, Incarceration Status, Mental Health and Substance Use, Nationality, Language, or Culture, Political Affiliation, Poverty or Socio-economic Status, Profession or Discipline, Race or Ethnicity, Religion, Faith Tradition or Belief System, Rural Residents, Sexuality, Sexual Behavior, or Sexual Orientation, Weight or BMI.

**YES**

Name and Degree:

Date:

Signature:

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