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DOCUMENTATION OF VERBAL DISCLOSURE TO AUDIENCE

In accordance with the standards of the Accreditation Council for Continuing Medical Education (ACCME), all speakers are asked to disclose any real or apparent conflicts of interest, which may have a direct bearing on the subject matter they will be presenting at this program. The ACCME also requires disclosure of any commercial support. This document serves as proof of compliance.

Date: _____

Title / Topic of Activity: _____

Speaker: _____

- ☐ Speaker(s) indicated no conflict of interest to disclose.
- ☐ Speaker(s) indicated their conflict of interests.
- ☐ Commercial support for activity was acknowledged.
- ☐ No commercial support was received for this activity or acknowledged.

This information was disclosed in verbal form in compliance with the Accreditation Council for Continuing Medical Education Standards for Commercial Support of Continuing Medical Education.

CME Coordinator (or designee) Signature: _____ **Date:** _____