**DOCUMENTATION OF VERBAL DISCLOSURE TO AUDIENCE**

In accordance with the standards of the Nebraska Medical Association (NMA), 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 NMA also requires disclosure of any commercial support. This document serves as proof of compliance.

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| Date: |       |
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| Title / Topic of Activity: |       |
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| 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. |
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| **CME Coordinator (or designee) Signature:** |  | **Date:** |  |