**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: | |  | | | |
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| 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. | | | | | |
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| 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:** |  |