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| **Session Title:** |  |
| **Date:** |  |
| **Presenter:** |  |
| **Course Director(s):** |  |
| **Director Disclosure:** |  |
| **Chair/Director:** | [Chair/Director Name] has completed a conflict of interest resolution form for this activity and has disclosed the following relationships: |
| **Chair/Director disclosure:** |  |
| **Commercial Support:** | Education grant support:  |
| **Supporter(s):** |  |
|  |  |
|  |  |

**Speaker:**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Speaker(s) indicated no conflict of interest to disclose.** | 🞏 |  |  |
| **Speaker(s) indicated their conflict of interests:** |  |  |  |
| Grants/research support/grants pending | 🞏 | Employment | 🞏 |
| Consulting fee | 🞏 | Payment for development of educational presentations | 🞏 |
| Stock (directly purchased) | 🞏 | Patents (planned, pending, or issued) | 🞏 |
| Honorarium | 🞏 | Royalties | 🞏 |
| Support for travel to meetings/other purposes | 🞏 | Payment for lectures, including service on speaker’s bureaus | 🞏 |
| Board Membership | 🞏 | Other | 🞏 |
|  **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.

Course Director/Designee Date