

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: <input type="checkbox"/> No Support <input type="checkbox"/> Support
Supporter(s):	

Speaker:

Speaker(s) indicated no conflict of interest to disclose.	<input type="checkbox"/>		
Speaker(s) indicated their conflict of interests:			
Grants/research support/grants pending	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Consulting fee	<input type="checkbox"/>	Payment for development of educational presentations	<input type="checkbox"/>
Stock (directly purchased)	<input type="checkbox"/>	Patents (planned, pending, or issued)	<input type="checkbox"/>
Honorarium	<input type="checkbox"/>	Royalties	<input type="checkbox"/>
Support for travel to meetings/other purposes	<input type="checkbox"/>	Payment for lectures, including service on speaker's bureaus	<input type="checkbox"/>
Board Membership	<input type="checkbox"/>	Other	<input type="checkbox"/>
Commercial support for activity was acknowledged.			<input type="checkbox"/>
No commercial support was received for this activity or acknowledged.			<input type="checkbox"/>

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