

Disclosure Statement

Activity title: _____

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the University of Alabama School of Medicine Division of CME. Please check each statement to indicate your agreement: I agree to:

- Teach to the competencies identified by objectives
- Deliver balanced and objective evidence-based content
- Present the source and type or level of evidence (ie, animal study, RCT, meta-analysis, etc)
- Disclose any relationship related to (1) the activity's content and/or (2) the activity's supporter/s. Supporter/s of this activity include:

I or members of my family have a financial arrangement related to (1) the content of this activity or (2) the supporter/s as identified below:

Type(s) of affiliation(s)/financial interest(s) and name(s) of corporation(s)

- Grants/research support: _____
- Consultant: _____
- Stock shareholder (directly purchased): _____
- Honorarium: _____
- Other financial or material support: _____
- NONE**

Signature

Print name and degree

Date

This completed and signed statement should be returned to the requester as instructed.
Revised November 18, 2004