

CONTINUING MEDICAL EDUCATION

FINANCIAL RELATIONSHIP DISCLOSURE FORM FOR **CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES**

Disclosure of all financial relationships with ineligible companies within the prior 24 months of the

completion date of this form:		
Ineligible companies are those who pr distributing health care products used		keting, selling, re-selling, or
☐ I DO NOT have a financial relations☐ I HAVE a financial relationship with		
Please complete for all relationships *Relationship types including but not independent contractor (including cor ownership interest. Individual stocks not need to be disclosed. Research fu principal or named investigator even i manages the funds.	limited to employee, researcher, on tracted research), royalties or pa and stock options should be disc anding from ineligible companies	atent beneficiary, executive role, and closed; diversified mutual funds do should be disclosed by the
Relationship Type*	Organization with which	Topic Area(s)
1.	Relationship Exists	
2.		
3.		
4. 5.		
6.		
7.		
8.		
9. 10.		
10.		
If more than 10 financial relationships	s exist, please list the remaining h	nere:
Attestation and Signature I have read and understand the Kirk K I have indicated a financial relationsh determine whether this relationship p information. I understand that it is need during the course of the CME activity. inability to resolve conflicts of interest	ip or interest, I understand that the recludes my participation, and I n cessary to update disclosure info . I understand that failure or refus st will disqualify me from participa	nis information will be reviewed to nay be asked to provide additional rmation should my status change all to disclose, false disclose, or
Name:		
Signature:		