

UW Medicine

CONTINUING MEDICAL EDUCATION

Documentation for Verbal Disclosure

Activity Title: WAPI's 18th Annual Interdisciplinary CME conference

Date: October 20, 2020

“In the spirit of full disclosure as required by the FDA and the Accreditation Council for Continuing Medical Education, I must disclose to you that:

Speaker / CME committee Member Name:

has no financial or other commercial relationships to disclose

Affiliation:

Additionally (if applicable) –

“enter commercial company here” has provided grant or exhibit support for this activity

Moderator signature

I certify that verbal disclosure was made as indicated above.

date

Department Coordinator Signature

I certify, as witness, that the above verbal disclosure was made.

date