**Documentation of Verbal Disclosure to Audience**

In accordance with the standards of NMET, all speakers are asked to disclose any real or apparent conflicts of interest, which may have a direct bearing on the subject matter they will be presenting at this program. The NMET also requires disclosure of any commercial support. This document serves as proof of compliance.

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| Date: |  | | | | | | | |
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| Title / Topic of Activity: | | | | |  | | | |
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| Presenter / Speaker: | | |  | | | | | |
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|  | Presenter / speaker(s) indicated no conflict of interest to disclose. | | | | | | | |
|  | Presenter / speaker(s) indicated their conflict of interests. | | | | | | | |
|  | Presenter / speaker(s) did not discuss trade names or discussed more than one competing trade name. | | | | | | | |
|  | Presenter / speaker(s) did discuss trade names or only one competing trade name. | | | | | | | |
|  | No commercial support was received for this activity or acknowledged. | | | | | | | |
|  | Commercial support was received for this activity and acknowledged. | | | | | | | |
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| 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. | | | | | | | | |
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| **Designee Name:** | |  | | | | **Organization:** |  | |
| **Designee Signature:** | | | |  | | | **Date:** |  |