**Disclosure Information Form**

*Information on this form is required to be disclosed to participants prior to the activity*

|  |  |
| --- | --- |
| Activity Title |  |
| Activity Date |  |
| Activity Location |  |
| Presented by Department/Division |  |

**Learning Objective(s):**

***At the conclusion of this activity, participants will be able to:***

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**PLANNING COMMITTEE & SPEAKER DECLARATIONS**

The following planning committee members and speakers have disclosed financial interests/arrangements or affiliations with organization(s) that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation(s). Only the current arrangements/interests are included.

|  |  |
| --- | --- |
| **Planning Committee & Speaker Name(s)** | **Declarations (if none, state “none”)** |
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| **Commercial funding for this activity *(if none, state “none”)*** |  |

ACCME Standards for Commercial Support of CME require that presentations be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, speakers are requested to use only generic names. If they use a trade name, then those of several companies should be used. If a presentation includes discussion of any unlabeled or investigational use of a commercial product, speakers are required to disclose this to the participants.

**ACCREDITATION**

The University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing

Medical Education (ACCME) to provide continuing medical education for physicians.

**CERTIFICATION**

The University of Rochester School of Medicine and Dentistry designates this live activity for a maximum of       *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.