

Disclosure Statement

Office of Continuing Medical Education

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 New Mexico School of Medicine Office 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) to the learners in my presentation
- Disclose any relationship related to (1) the activity's content and/or (2) the activity's supporter/s. Supporter/s of this activity include:

Supporters not known.

Please check one of the boxes below:

- I or members of my family do **not** have a financial arrangement related to (1) the content of this activity or (2) the supporters
- OR
- I or members of my family **do** have a financial arrangement related to (1) the content of this activity or (2) the supporters, as identified below

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

- Grants/research support: _____
- Consultant: _____
- Stock shareholder (directly purchased): _____
- Honorarium: _____
- Other financial or material support: _____

Signature

Print name & degree

Date