

## ATTESTATION DISCLOSURE TO AUDIENCE

In accordance with the standards of the Accreditation Council for Continuing Medical Education (ACCME), all speakers are asked to disclose any relationships with industry, real or apparent conflicts of interest, and that discussion and recommendations be based on evidence and/or accepted standards of experimental design, data collection and analysis. The ACCME also requires disclosure of any commercial support for the activity. This document serves as proof of compliance.

Name of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

**Please check the appropriate box.**

- It was announced to the audience that today's speaker has nothing to disclose.
- It was disclosed to the audience that today's speaker has a relationship with an industry or organization, as written on the Conflict of Interest Form. It was also stated by which method(s) these conflicts were resolved (see page 2 of the Conflict of Interest Form).

**Please check the appropriate box.**

There was no commercial support for today's activity.

- There was commercial support for today's activity. Support was provided by the following companies: \_\_\_\_\_

\_\_\_\_\_  
**Signature of RSS Physician Director, Administrative Liaison or other person in attendance**      **Date**

Please submit this form to the CLPD with the cover sheet and COI for each activity.