

VERIFICATION FORM FOR VERBAL DISCLOSURE TO ATTENDEES AT CE/CME ACTIVITIES

Relevant to Standards for Commercial Support, (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CE/CME activity. When such information is disclosed verbally at a CE/CME activity, providers must be able to JA written verification, **submitted within 30 days of the activity date**, that appropriate verbal disclosure occurred at the activity.

With respect to this written verification, please complete item **A** or **B** below.

A representative of the Activity and/or RSS who was in attendance at the time of the verbal disclosure must attest, in writing:

NAME OF ACTIVITY/PROGRAM:	
DATE OF ACTIVITY/PROGRAM:	

a. I attest that verbal disclosure was given prior to the program, and the specific content of that disclosure was:

b. I attest that a verbal disclosure, stating there were no relevant financial relationships to disclose, was made to the audience.

PRINTED NAME AND SIGNATURE OF REPRESENTATIVE ATTESTING TO THE DISCLOSURE ANNOUNCEMENT TO ATTENDEES:

Printed Name

Signature

Date