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DISCLOSURE STATEMENT (Nursing, APA & Physician)

Conference Title: Noah Worcester Dermatological Society 54th Annual Meeting

Conference Date: April 25 – 29, 2012

Name: _____ **Degree:** _____

Check one: Speaker Planning Committee

Faculty and members of the Planning Committee are required to disclose whether or not they have any relevant commercial relationships. This must be made known in advance to the audience in accordance with the ACCME Standards of Commercial Support and as defined in the ANCC/CNA guidelines.

MUST COMPLETE and SIGN A or B:

A. COMMERCIAL RELATIONSHIP <i>(attach a second page, signed, if additional relationships)</i>		
Yes, I have financial interest/arrangement or affiliation with entities, which may be identified in my presentation at this continuing medical education program, as follows:		
Affiliation/Financial Interest:	Check if affiliated:	Identify commercial entity:
a) Grant/Research Support	<input type="checkbox"/>	
b) Consultant	<input type="checkbox"/>	
c) Speakers' Bureau	<input type="checkbox"/>	
d) Other e.g. spouse, family	<input type="checkbox"/>	
Signature:		
B. NO RELATIONSHIP		
No, I do not have any financial arrangement or affiliations with any commercial organizations offering financial support or educational grants for this continuing medical education program or with any other entity with a commercial interest in my topic.		
Signature:		

Thank You! Your cooperation in complying with these guidelines is appreciated.