

## VERIFICATION FORM FOR VERBAL DISCLOSURE TO ATTENDEES AT CME ACTIVITIES

Relevant to Standards for Commercial Support, Item 6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME (Accreditation Council for Continuing Medical Education) with written verification, **submitted within one month of the activity date**, that appropriate verbal disclosure occurred at the activity.

A representative of the provider (UF College of Medicine) who was in attendance at the time of the verbal disclosure must attest, in writing:

NAME OF ACTIVITY/PROGRAM: \_\_\_\_\_

NAME OF SPEAKER/MODERATOR: \_\_\_\_\_

DATE OF ACTIVITY/PROGRAM: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

OR

- 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 UF REPRESENTATIVE ATTESTING TO THE DISCLOSURE ANNOUNCEMENT TO ATTENDEES:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date