University of Florida

NAME OF DEPARTMENT

##### Presents

##### **NAME OF ACTIVITY**

### TITLE OF PRESENTATION

Presented by:

SPEAKER’S NAME AND TITLE

**DATE**

**BEGIN AND END TIME**

**LOCATION**

**LEARNING OBJECTIVES:**

**Upon completion of this activity, participants should be able to:**

1. Apply …

2. Examine …

3. Describe …

For additional information, contact NAME at PHONE # or e-mail EMAIL ADDRESS

**Target Audience**

Primary Care Physicians, [specialists], Physicians Assistants and Nurse Practitioners.

**Disclosure**

SPEAKER NAMEhas disclosed that HE/SHE has no relevant financial relationships.No one else in a position to control content has any financial relationship(s) to disclose.

-- OR--

SPEAKER NAME has disclosed that HE/SHE received research grant funds from COMPANY and is on Speakers Bureaus for COMPANIES. No one else in a position to control content has any financial relationships to disclose.

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Section # CME SECTION NUMBER