University of Florida

NAME OF DEPARTMENT

##### Presents

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

Presented by:

Speaker Name, Credentials

Speaker Title

Date | Start/End Time

Location

**LINK TO REGISTER**

**LEARNING OBJECTIVES:**

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

1. Apply …

2. Examine …

3. Describe …

**Target Audience:**Primary Care Physicians, Specialty Physicians,…

**Disclosure**

Speaker and planning committee have nothing to disclose:

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Speaker name has disclosed that s/he has no relevant financial relationships. No one else in a position to control content has any financial relationships to disclose. Conflict of interest information for the CME Advisory Committee members can be found on the following website: <https://cme.ufl.edu/disclosure/>. All relevant financial relationships have been mitigated.

OR

Speaker has relationship to disclose, planning committee members have nothing to disclose:

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Speaker name has disclosed that s/he received research grant funds from company and is on the speakers’ bureau for company. No one else in a position to control content has any financial relationships to disclose. Conflict of interest information for the CME Advisory Committee members can be found on the following website: <https://cme.ufl.edu/disclosure/>. All relevant financial relationships have been mitigated.

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OR

Speaker has no relationship to disclose, planning committee member(s) have relationship(s) to disclose:

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Speaker name has disclosed that s/he has no relevant financial relationships. Planning committee member name has disclosed that s/he received research grant funds from company. No one else in a position to control content has any financial relationships to disclose. Conflict of interest information for the CME Advisory Committee members can be found on the following website: <https://cme.ufl.edu/disclosure/>. All relevant financial relationships have been mitigated.

**Commercial Support Acknowledgement**

This activity is supported by educational grant(s) from [company name, as specified in the Letter of Agreement or grant application].

**Accreditation**

The University of Florida College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**Credit**

The University of Florida College of Medicine designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

Section # CME SECTION NUMBER