

**Certification that Audience was Notified
of Disclosures Before the Activity**

Within three weeks after the activity, please complete, sign and return to: Howard University College of Medicine, Office of Continuing Medical Education, 520 W Street, N.W., Washington, DC 20059.

This certifies that notification of financial interests/arrangements or affiliations of speakers, moderators and planning committee members with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the activity below was given to the audience prior to the activity.

Activity Title: _____
Date (s) of Activity: _____

Check all that apply for planning committee and Speakers:

Prior to the activity, the audience was notified of:

- Planning Committee's** actual or potential conflict(s) of interest
 - Brochure (*Include brochure*)
 - Syllabus (*Include copy of syllabus*)
 - Slide(s) (*Include paper copy*)
 - Transparenc(ies) (*Include paper copy*)
 - Sign/Poster at Registration (*Include paper copy*)
 - Other _____ (specify). *If verbalized, a CME representative must be present and must certify the statements made.*

- Speaker(s)/moderator(s)'** actual or potential conflict(s) of interest in relation to the above activity.
 - Brochure (*Include brochure*)
 - Syllabus (*Include copy of syllabus*)
 - Slide(s) via PowerPoint or projector (*Include paper copy*)
 - Transparenc(ies) via overhead projector (*Include paper copy*)
 - Sign/Poster at Registration (*Include paper copy*)
 - Other _____ (specify). *(If verbalized, a CME representative must be present and must certify the statements made.)*

Name of Activity Chair/Director or Representative

**Signature of Activity Chair/
Director or Representative**

Date signed _____