Session Title:	
Date:	
Presenter:	
Presenter Disclosure:	
Course Director(s):	
Director Disclosure:	
Chair/Division Director:	[Chair/Director Name] has completed a conflict of interest resolution form for this activity and discloses the following financial relationships:
Chair/Director disclosure:	
	All of the relevant financial relationships listed for these individuals have been mitigated
Commercial Support:	Education grant support: ☐ No Support ☐ Support
Supporter(s):	
	The University of Alabama School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Name	Initials	Date	Name	Initials	Date
Add physician names e.g.:					
Ray Watts, MD					

If your name should be added to this roster, please **legibly print your name in a blank box**.