

MEDICAL SOCIETY OF THE STATE OF NEW YORK
Attestation of Verbal Disclosure

Activity Name:

Provider Representative:

Activity Date: _____

All planners, presenters and moderators are expected to disclose to the audience:

A. Any relevant financial interest or other relationship with the provider of commercial products or services discussed in their educational presentation. The nature of the relationship must be disclosed.

And/or

B. Any relevant financial interest or other relationship with the provider of commercial products or services that have directly supported the CME activity through an educational grant to the sponsoring organization(s).

- Disclosure must be documented
- Faculty must document Disclosure on MSSNY's Disclosure Form
- Disclosure must take place prior to the actual presentation

- Disclosure must be published in the brochure, syllabus or other handouts *or*
- Disclosure can be accomplished verbally by either the program chair or faculty member *or*
- Disclosure can be accomplished in written form distributed to each learner

A representative of the provider will be responsible for compliance with the Faculty Disclosure Policy. **The signed disclosure forms from speakers and planners, describing the nature of the relevant financial relationships are attached.**

Disclosure was made: written _____ verbal _____ both _____

Verbal disclosures include: *(list name, relationship & organization. i.e John Doe, MD is a speaker for Pfizer)*

Verified by: _____

Date: _____
(must be within one month of activity)