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I [and/or my Spouse/Partner] have a personal financial relationship **currently or in the past 12 months** with an ACCME-defined commercial interestthat is **relevant** to my participation in this CME activity as a planner and/or author.

[ ]  **YES** [ ]  **NO**

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| ***NOTE:*** *If you have more financial relationships to disclose, please attach a separate sheet of paper.* |

**I certify that the statements I made above are true, complete, and correct to the best of my knowledge and belief.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Print Name** |  |  |  |

**If you have any questions regarding what is considered an ACCME-defined commercial interest and thus needs to be disclosed, please email Julie Cwik, CME Accreditation & Certification Manager, at** **juliecwik@acaai.org****.**