

Presenter Disclosure Statement

Office of Continuing Medical Education

Activity title: Project ECHO TeleECHO Activity

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the University of New Mexico School of Medicine Office of CME. Please check each statement to indicate your agreement. I agree to:

- Teach to the competencies identified by objectives
- Deliver balanced and objective evidence-based content
- Present the source and type or level of evidence (i.e. animal study, RCT, meta-analysis, etc) to the learners in my presentation
- Disclose any financial relationship related to the activity's content with a commercial interest, defined as any proprietary entity producing healthcare goods or services, with the exception of non-profit or government organizations and non-health care related companies.

Please check one of the boxes below:

- I or members of my family do not have a financial arrangement related to the content of this activity**
- OR
- I or members of my family do have a financial arrangement related to the content of this activity, as identified below**

Type(s) of affiliations/financial interest(s) and name of corporation(s)

- Grants/research support: _____
- Consultant: _____
- Stock shareholder (directly purchased): _____
- Honorarium: _____
- Other financial or material support: _____

Signature

Date

Print Name and Degree