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)