

**Attestation** **Verbal Form**

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Continuing Medical Education

**NAME OF ACTIVITY:**

**DATE OF ACTIVITY:**

All relevant disclosure information was made known to the participants of this activity.

The signed disclosure forms from speakers and planners, which describe the nature of what was disclosed, are on file for this activity.

# Attestation by a representative of Sutter Medical Center, Sacramento

I attest that the relevant financial relationship was verbally disclosed to learners in this activity.

**PRINT NAME:**

**SIGNATURE: DATE:**