CREDIT WILL NOT BE AWARDED IF WE CANNOT READ YOUR NAME!

Sign In Sheet

Activity Title: _____
Activity Pin: _____
Activity Date: _____
Sponsoring Department: _____

Comment [JLB1]: These fields must be filled out by the RSS Coordinator.

My signature below attests that I have attended this CME activity and have been fully disclosed of any real or apparent conflicts of interest that have a direct bearing on the subject matter of this CME Activity.

Print Name Clearly	➲	Sign Name

Accreditation Statement: This activity has been planned and implemented in accordance with the Essentials Areas and policies of the Accreditation Council for Continuing Medical Education. The University of Massachusetts Medical School is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement: The UMMS designates this continuing medical education activity for a maximum of [insert number of approved hours] *AMA PRA Category 1 credit(s) ™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Comment [JLB2]: This field must be replaced by the number of approved credit hours your RSS has been designated

Comment [JLB3]: This must remain italicized

Statement on Faculty Disclosure: It is the policy of the University of Massachusetts Medical School to ensure fair balance, independence, objectivity and scientific rigor in all activities. All faculty participating in CME activities sponsored by the University of Massachusetts Medical School are required to present evidence-based data, identify and reference off-label product use and disclose all relevant financial relationships with those supporting the activity or others whose products or services are discussed. Faculty disclosure will be provided in the activity materials.