

Administrative Director, Division of Workers' Compensation
ATTN.: Medical Unit
P. O. Box 71010
Oakland, CA 94612

FACULTY DISCLOSURE OF COMMERCIAL INTEREST

As an education provider accredited by the Administrative Director, (*Education Provider's Name*) must ensure objectivity in its educational activities. Having an interest or ownership in a business does not prevent a physician from making a presentation, but the relationship must be disclosed to the audience, in accordance with Administrative Director's regulations. Please complete the information below.

TITLE OF COURSE: _____

DATE: _____

NAME OF FACULTY: _____

TITLE OF PRESENTATION: _____

(Check one)

Neither I, nor my family members, have any past or present financial arrangements or affiliations with any business involved in the products/services which will be discussed at this symposium.
(Skip to signature.)

I, or one or more of my family members, have a financial interest/arrangement or affiliation with the following businesses which offer products/services that I will discuss at this symposium.

Affiliation/Financial Interest

Name(s) of Business(es)

Grants/Research Support _____

Consultant _____

Speaker's Bureau _____

Major Stock Shareholder _____

Other Financial or Material Interest _____

Signature

Date