**University at Buffalo**

**Verbal Disclosure Verification Form**

**Program Title:**

**Course Code #:**

**Title or Topic:**

**Date of Program:**

 **Speaker Name:**

**I attest the information on the attached CME Disclosure Form was provided to the participants prior to the presentation:**

Signature

Print Name

**\*\* Please attach a copy of the Disclosure Form and submit to:**

**Alicia M. Blodgett**

Director of Continuing Medical Education

University at Buffalo Jacobs School of Medicine and Biomedical Sciences

955 Main Street, Suite 7230

Buffalo, NY 14203

F (716) 829-3999

amblodge@buffalo.edu