

Ada Canyon Medical Education Consortium
305 West Jefferson Street
Boise, ID 83702

Attestation of Speakers Disclosure

I hereby attest that disclosure information on the support and relationship of faculty has verbally been made known to participants including the faculty member's names, the nature of their relationships, the entities with which they have relationship or that the faculty has nothing to disclose or refused to disclose.

Program Title

Speaker/Faculty

Date

Signature