<INSERT ACTIVITY/PROGRAM NAME>

"INSERT TITLE OF PRESENTATION"
<INSERT NAME(S) OF SPEAKER(S)>
<INSERT PROGRAM LOCATION>
<INSERT DATE>

Dr. NAME do not have a personal financial relationship with the manufacture of the products or services that will be discussed in this CME Activity or in this presentation.

Dr. NAME will support this presentation and clinical recommendations with the "best available evidence" from medical literature.

ACCREDITATION STATEMENT: Nicklaus Children's Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

DESIGNATION STATEMENT: Nicklaus Children's Hospital designates this educational activity for a maximum of 1 AMA PRA Category 1Credit(s) THM ysicians should only claim credit commensurate with the extent of their participation in the activity.

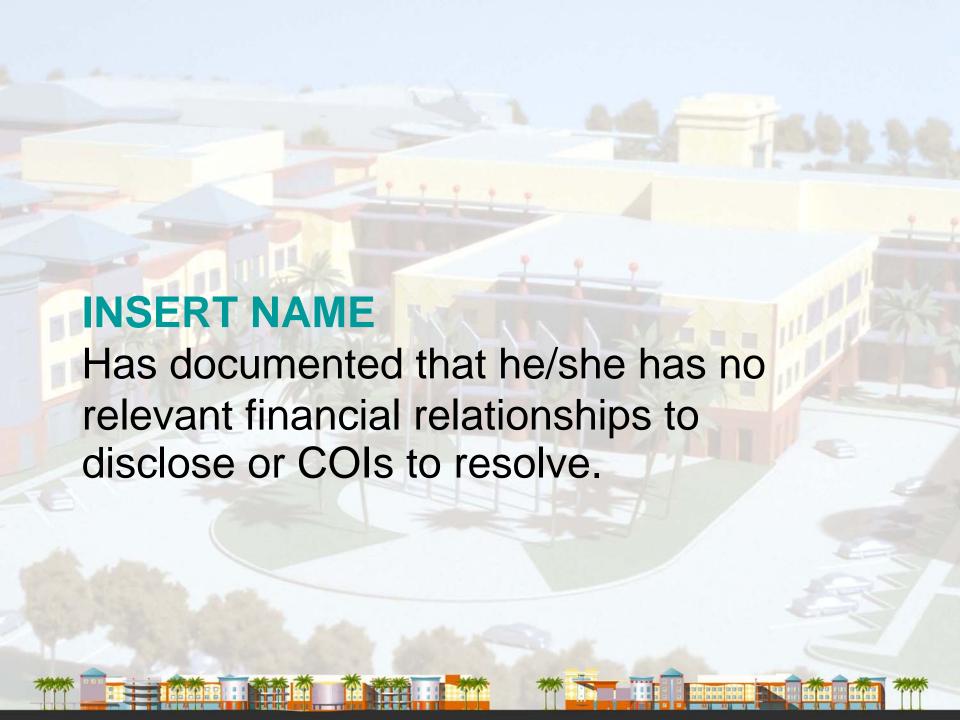
COMMERICAL SUPPORT DISCLOSURE: No Commercial Support was received for this Activity.

THE PLANNING COMMITTEE AND STAFF HAVE NO CONFLICTS OF INTEREST TO DECLARE.

DISCLOSURE STATEMENT Speaker: INSERT NAME

Dr. NAME has disclosed the following relevant financial relationships. Any real or apparent conflicts of interest related to the content of this presentation have been resolved.

rganization
NAMES OF COMPANIES]
j



Unapproved or Off Label Disclosures for INSERT NAME

Presenter: NAME has documented that his/her presentation will not involve discussion of unapproved or off-label, experimental or investigational use.

or--

Presenter: NAME has documented that his/her presentation involves comments or discussion of unapproved or off-label, experimental or investigational use of <<id>dentify products, drugs or devices>>.