Allison Martin MD

☐ Nothing has changed

Role in CME Activity:

☐ Course Director
☐ Planning Committee
☑ Speaker/Author

Disclosure of financial relationship(s):

☑ I (and/or my spouse/partner) have no personal or professional financial relationships with a commercial entity producing healthcare goods and/or services.

☐ I (and/or my spouse/partner) have a personal or professional financial relationships with a commercial entity producing healthcare goods and/or services.

Attestations

☒ Agree I understand that my responsibility as a faculty presenter/author/editor/planner is to develop and provide the content and/or presentation that focus on the improvement of health care for patients.

☑ Agree I will not promote any specific proprietary or commercial business interest as part of my role in the planning and delivery of this CME certified activity. Content for this activity will provide a well-balanced, evidence-based and unbiased approach to diagnostic and therapeutic options related to quality patient care.

☑ Agree I will provide the educational content and resources for independent peer review as requested by the UVA Office of Continuing Medical Education.

☑ Agree I will identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in my presentation/article/case/discussion.

☒ Agree I have carefully considered each item and have answered all of these attestations to the best of my knowledge.

Signature:  Allison N. Martin  Date Signed:  4/4/2020