

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

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**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**