



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

NAME :Alison Hopkins....

AFFILIATION: ...NIL

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	NIL
Receipt of honoraria or consultation fees:	NIL
Participation in a company sponsored speaker’s bureau:	NIL
Stock shareholder:	NIL
Spouse/partner:	NIL
Other support (please specify):	NIL

Signature:

Date: 21/02/14