**Georgia Department of Public Health**

**Statement of Disclosures**

**When disclosures are revealed in a verbal statement at the beginning of the program, you must identify someone in the audience to witness and document the verbal disclosure (Reminder: after the program, submit this signed notation for the file to document the verbal disclosure)**

Check the disclosures you must address with this audience for this program:

\_\_\_ Participants must attend the entire session(s) in order to earn contact hour credit. Verification of participation will be noted by learner-signature on the roster.

\_\_\_\_ The purpose and/or objectives must be provided prior to the start of the activity.

\_\_\_ Planners and presenters have declared that they have no conflict of interest and no financial relationships which would influence the planning of this activity. If any are discovered during the course of the activity, an announcement will be made to inform the learners.

\_\_ No commercial support has influenced the planning, implementation, or evaluation of the content of this activity.

\_\_\_\_ If there were any commercial support provided for this activity, it would be used for events that are not related to continuing education.

\_\_\_\_ The expiration date for awarding contact hours is . [This statement is used for enduring materials which are considered to be non-live continuing nursing education activities which “endure” over time (i.e., programmed texts, audio tapes, videotapes, monographs, computer assisted and internet learning materials).]

***Georgia Department of Public Health is an approved provider of continuing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.***

Course Title Date and Site

Witness Date