

**ACGME MUA/P Advisory Group**

**Disclosure Form**

* ***I confirm that I am not employed by the ACGME.***
* ***I confirm that I am not related to anyone who is employed by the ACGME.***
* ***I have no financial or non-financial relationships with the ACGME to report.***
* ***I have the following financial and/or non-financial relationship(s) to report:***

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**Name Date**