

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 - F + 32 2 640 37 30

https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members/faculty members)

NAME: Joris I. Rotmans

AFFILIATION: Leiden University Medical Center

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", 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*	
I have the following potential conflict(s) of interest to rep	oort*
ease type X in the appropriate box.	
e of affiliation / financial interest	Name of commercial company
eipt of grants/research supports:	
eipt of honoraria or consultation fees:	
ticipation in a company sponsored speaker's bureau:	
ck shareholder:	
use/partner:	
er support (please specify):	
The tree to the tree tree to the tree to the tree tree to the tree tree tree tree tree tree tree	Date: 16-03-2021
ו י	I have no potential conflict of interest to report* I have the following potential conflict(s) of interest to replease type X in the appropriate box. De of affiliation / financial interest Desire of grants/research supports: Desire of honoraria or consultation fees: Desire of the company sponsored speaker's bureau: Desire of support (please specify): Desire of the conflict of interest to report the conflict (s) of interest to report the