MEHARRY
MEDICAL COLLEGE

The Office of Lifelong Learning

Grand Rounds Official Roll

Department:_____
Date:_____
Title of Presentation _____
Speaker: _____

Sponsors: (*Please list*)_____
(For commercial support, a letter of agreement must be signed and attached)

Disclosure: In accordance with ACCME guidelines_____has no disclosures for his/herpresentation during this grand rounds.

Objective(s): _____
_____
_____

Name ***(typed)***	**Signature**

Accreditation
Meharry Medical College is accredited by the Accreditation Council on Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.

Credit Designation
Meharry Medical College designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

I hereby verify the above information is complete and true to the best of my knowledge.

_____
Grand Rounds Coordinator