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**The European Accreditation  
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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Dot Weir, RN, CWON, CWS.....

AFFILIATION: Catholic Health Advanced Wound Healing Centers, Buffalo, New York, USA

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

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

None

Receipt of honoraria or consultation fees:

Symposium on Advanced Wound Care, Wound Certification Prep Course

Participation in a company sponsored speaker's bureau:

Medline, Smith & Nephew, Lohmann & Rauscher, Molnlycke

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

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Stock shareholder:	None
Spouse/partner:	Medline, Smith & Nephew
Other support (please specify):	None

**Signature:** *Dot Weir, RN, CWON, CWS*

**Date:** 3/13/2019