



Name of Conference
Roster of Attendance

Topic: Case Presentations

Session Date _____

Activity Director: _____

Enrollment Coordinator: _____

Learning Objective: Through interactive, multi-disciplinary, case-based assessments, participants will reference {type} cancer clinical guidelines, evidence-based practice, and oncology research to identify & implement the best treatment plan for optimal patient care outcomes.

The Medical University of South Carolina is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Medical University of South Carolina designates this live activity for a maximum of *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education anyone involved in planning or presenting this educational activity will be required to disclose any financial relationships with any ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. Any financial relationships with these ineligible companies have been mitigated by the MUSC Office of CME. Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

The following information has been disclosed for 2024:

Unless noted below, the faculty, staff, moderators, and planning committee have no financial relationships with any ineligible company.

The Medical University of South Carolina Office of CME has no relevant financial or other relationships with ANY commercial interest

Faculty, Staff & Planning Committee with relevant relationships:

None

GUEST SIGN-IN

Name (Please Print)	Credentials	Initials	Email Address	CME/CEU Credit
				Do you require CME/CEU Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
				Do you require CME/CEU Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
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				Do you require CME/CEU Credit <input type="checkbox"/> Yes <input type="checkbox"/> No



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