

Manuscript number (if applicable) _____

Manuscript title _____

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- To notify the Journal immediately if there has been any adverse action taken against my medical license in any jurisdiction, or if I am no longer certified by the American Board of Obstetrics and Gynecology, Inc. (or other certifying Board).
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1. 2004 Updated ACCME Standards for Commercial Support

2. May 2005, Identifying and Resolving Conflicts of Interest in Continuing Medical Education, www.accme.org