

Patient Experience Education (PXE) Disclosure Form

Individuals involved in the planning or delivery of this educational activity are required to disclose any relationships that could influence the content. The purpose of this disclosure is to ensure transparency and maintain the integrity of PXE-approved education. Disclosure does not prevent participation but allows for appropriate review and communication to learners. Disclosures will be shared with participants when applicable.

PROGRAM AND PRESENTER INFORMATION

Name:

Program Title:

Program Date:

DISCLOSURE

You previously indicated that you have a relationship to disclose. Please describe any relationships with companies whose products or services may be discussed as part of this program.

Exclude general employment in healthcare organizations, such as hospitals or health systems.

ACKNOWLEDGEMENT AND SIGNATURE

By typing my name below, I acknowledge that this constitutes my electronic signature and confirm that I am authorized to provide this disclosure and that the information is accurate and complete.

Signature:

Date: