



Advisory Board Disclosure Form

1. Do you or any member of your immediate family receive any financial benefit from DoctorsSafeguard.Com? Yes No
2. Do you or any member of your immediate family have any financial interests or other relationships with the commercial financial supporter(s) of DoctorsSafeguard.Com? Yes No
3. If you answered "Yes" to questions 1 or 2, please list below the commercial organization(s) and identify the relationship. *There is no need to disclose the actual financial value of any affiliation.*

Grant/Research Support: _____

Consultant: _____

Speakers Bureau: _____

Patent Holder: _____

Member, Scientific Advisory Board: _____

Member, Board of Directors: _____

Stock Shareholder: _____

Other Financial Support: _____

Other Relationship/Affiliation: _____

4. Do you believe that you and/or your immediate family's financial interests or other relationships with DoctorsSafeguard.Com create a conflict of interest or may introduce bias into the recommendations that you will present or otherwise inappropriately influence the activity of DoctorsSafeguard.Com? Yes No

I certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

Signature

Date