

FACULTY ATTESTATION

Must be completed for each educational activity.
Series title: ED Basic Cardiac Dysrhythmias
Session / conference title: A&P, ECG & Sinus Rhythms
Activity Date: 517124
Faculty Name: Benjamin Duffy
Disclosure of Off-Label and/or Investigational Uses
If at any time during my educational activity I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.
No, I do not intend to discuss an off-label/investigative use of a commercial product/device.
Yes, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/device(s). (Provide information in the space below.)
Enter information here N/A
Faculty Attestation
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