



**EUROPEAN UNION OF MEDICAL
SPECIALISTS**
**The European Accreditation
Council for
Continuing Medical Education –
EACCME®**
Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME : Lene Aasdahl

AFFILIATION:

1. Department of Public Health and Nursing, Norwegian University of Science and Technology, NTNU
2. Unicare Helsefort Rehabilitation center

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature:



Date: 27.06.2023



**EUROPEAN UNION OF MEDICAL
SPECIALISTS**
**The European Accreditation
Council for
Continuing Medical Education –
EACCME®**
Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME :Kaat Goorts.....

AFFILIATION:KU Leuven

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:



Date: 28/06/2023



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME :ETIENNE...MINVIELLE.....

AFFILIATION:ECOLE POLYTECHNIQUE.....

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: 29/06/23



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Petra Došenović Bonča

AFFILIATION: School of Economics and Business, University of Ljubljana, Slovenia

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	/
Receipt of honoraria or consultation fees:	/
Participation in a company sponsored speaker's bureau:	/
Stock shareholder:	/
Spouse/partner:	/
Other support (please specify):	/

Signature: **PETRA DOŠENOVIĆ**
BONČA

Digitally signed by PETRA
DOŠENOVIĆ BONČA
Date: 2023.06.28 08:18:22
+02'00'

Date: **28.6.2023**



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME : GOUCKE PHILIPPE

AFFILIATION: CHU - LIEGE (BELGIUM)

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

June 27th 2023



**EUROPEAN UNION OF MEDICAL
SPECIALISTS**
**The European Accreditation
Council for
Continuing Medical Education –
EACCME®**

Institution of the UEMS_{aisbl}

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME : Alex Collie

AFFILIATION: Monash University, Melbourne, Australia

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Name of commercial company

Australian Research Council, National Health and Medical Research Council of Australia, Insurance and Care New South Wales, WorkSafe Victoria, State Insurance Regulatory Authority of New South Wales

Health Research Council of New Zealand

Not applicable

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:	Not applicable
Spouse/partner:	Not applicable
Other support (please specify):	Not applicable

Signature:



Date: 03 July 2023