



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : VAN DE CAUTER Joy
AFFILIATION : Ghent University

In accordance with criterion 14 of document UEMS 2016/20 "EACCME© criteria for the Accreditation of Live Educational Events (LEEs)", 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 : INAMI

Receipt of honoraria or consultation fees : none

Participation in a company sponsored speaker's bureau : none

Stock shareholder : none

Spouse/partner : none

Other support (please specify) : none

Signature:

Date: 27.04.2023

DocuSigned by:
Joy Van de Cauter
F887A224EA46452...



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARGAROLI FREDERIC

AFFILIATION : ASSURANCE MALADIE

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:


Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26.04.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SNOECK - KRYGSMAN Sylvia

AFFILIATION : Research Center for Insurance Medicine (KCVG): collaboration between AMC – UMCG – UWV – Vumc

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30.05.2023

DocuSigned by:

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NAME : STRAAT A. Carlien

AFFILIATION : Amsterdam UMC

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 02.05.2023

DocuSigned by:

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : VIDAL Patricia

AFFILIATION : Direction Régionale du Service Médical Auvergne Rhône Alpes (AuRA)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ZIPFEL Nina

AFFILIATION : Amsterdam UMC location University of Amsterdam, Department of Public and Occupational Health, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute

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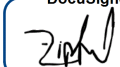
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15.05.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SCHWEGLER Urban

AFFILIATION : Swiss Paraplegic Research, Work and Integration Group

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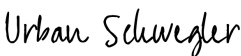
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26.04.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : VON STEDINGK Julia

AFFILIATION : University Department of Rehabilitation Medicine Stockholm, Karolinska Institute, Danderyds Hospital

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Other support (please specify):

Signature:

Date: 29.05.2023

DocuSigned by:

Julia von Stedingk

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Conflict of Interest Disclosure Form

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NAME : STERNBERG Annika

AFFILIATION : University of Lübeck

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 01.06.2023

DocuSigned by:

Annika Sternberg

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : SUIJKERBUIJK Yvonne

AFFILIATION : Amsterdam UMC, location University of Amsterdam

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26.04.2023

DocuSigned by:
Yvonne Suijkerbuijk
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Conflict of Interest Disclosure Form

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NAME : MOERLAND Ilse
AFFILIATION : IDEWE

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
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 04.05.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : PERSSON Hanna C

AFFILIATION : Department of Neurocare, Sahlgrenska University Hospital, Gothenburg, Sweden.

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 08.06.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OANCEA Corina

AFFILIATION : Independent

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Spouse/partner:

Other support (please specify):

Signature:

Date: 29.04.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OUDE GEERDINK Esmée

AFFILIATION : Department of Public and Occupational Health, Amsterdam UMC

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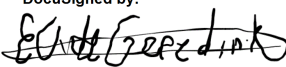
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11.05.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

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NAME : PETTER Djoeke

AFFILIATION : UWV (Employee insurance Agency)

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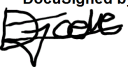
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Other support (please specify):

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NAME : OANCEA Corina

AFFILIATION : The National Institute for Medical Assessment and Work Capacity Rehabilitation
Bucharest

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Conflict of Interest Disclosure Form
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NAME : NOTEBOOM Yvonne
AFFILIATION : Amsterdam UMC

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Spouse/partner:

Other support (please specify):

Signature:

Date: 28.04.2023

DocuSigned by:
Yvonne Noteboom
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MOE Karoline

AFFILIATION : Department of Public Health and Nursing, Norwegian University of Science and Technology

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Signature:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : PAPINAUD LAURENCE

AFFILIATION : Direction Régionale du Service Médical Occitanie

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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: 27.04.2023

DocuSigned by:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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AFFILIATION : Regionhälsan, Västra Götalands Landsting

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Spouse/partner:

Other support (please specify):

Signature:

Date: 26.04.2023

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NAME : ROUSSEL HENRI

AFFILIATION : Agence Régionale de Santé Occitanie

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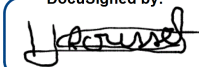
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 28.04.2023

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Conflict of Interest Disclosure Form

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NAME : ROPPONEN Annina

AFFILIATION : Karolinska Institutet

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Signature:

Date: 02.05.2023

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MULLER Elza

AFFILIATION : Amsterdam UMC

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Signature:

Date: 05.06.2023

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NAME : MARKUS Miriam

AFFILIATION : University of Luebeck

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Signature:

Date: 30.05.2023

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(to be completed by scientific/organising committee members)

NAME : QUERRIOUX Isabelle

AFFILIATION : National Health Institute of Slovenia

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Spouse/partner:

Other support (please specify):

Signature:

Date: 03.05.2023

DocuSigned by:

Isabelle Querrieux

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