



**ACGME Medically Underserved Areas and Populations (MUA/P)  
Advisory Group  
Disclosure Form**

- I confirm that I am not employed by the ACGME.*
- I confirm that I am not related to anyone who is employed by the ACGME.*
- I have no financial or non-financial relationships with the ACGME to report.*
- I have the following financial and/or non-financial relationship(s) to report:*

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**Name**

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**Date**