



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by the Medical Officer who takes responsibility for the application)

NAME: Subodh K. Regmi.....

AFFILIATION: University of Minnesota.....

In accordance with criterion 18 of document UEMS 2023.08.rev "EACCME® Criteria for the Accreditation of E-Learning Materials (ELM)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations must be made available online on the ELM page. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the ELM 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:

None

Receipt of honoraria or consultation fees:

none

Participation in a company sponsored speaker's bureau:

No

Stock shareholder:

No

Spouse/partner:

Other support (please specify):

Signature: *Subodh K Regmi*

Date: 08 September, 2026