|  |  |  |
| --- | --- | --- |
|  | **Resident/Fellow Name** |  |
| **UM Training Program** |  |
| **If any additional information is needed, how may we contact you?** |
| E-mail: |  |
| Phone: |  |

**SUPPLEMENTAL DISCLOSURES EXPLANATION FORM**

Provide the explanation to a “Yes” answer to question #1-7 or #9-16 from the Supplemental Disclosures below and send a secure e-mail with the completed form to: Christina Kraft mmireles@med.umich.edu

 Lisa Reppenhagen lreppenh@med.umich.edu

 Lisa Williams liarnold@med.umich.edu

|  |  |
| --- | --- |
| **Indicate the question # the explanation is for:** |  |
| **Explanation:** |  |
|  |

If more than one “Yes” answer was indicated on the Supplemental Disclosures, copy/paste the above table to provide the additional explanations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Medical Education Office

2600 Green Road, Suite 150B

Ann Arbor, MI 48105

(734) 764-3186

The information contained in this document is confidential and privileged information. The information is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibit. If you have received this communication in error, please notify us immediately by telephone at (734) 764-3186.