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| --- | --- | --- | --- |
|  | **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](mailto:mmireles@med.umich.edu)

Lisa Reppenhagen [lreppenh@med.umich.edu](mailto:lreppenh@med.umich.edu)

Lisa Williams [liarnold@med.umich.edu](mailto:liarnold@med.umich.edu)

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| **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.

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