

## Drug Utilization Review (DUR) Board Testimony Registration

### Registrant Information

<b>Registrant Name:</b>	
<b>Registrant Occupation:</b>	
<b>Registrant Email:</b>	
<b>Registrant Phone Number:</b>	
<b>Name of Individual/ Organization Applicant is Representing:</b>	
<b>Date of DUR Meeting:</b>	
<b>Agenda Item:</b>	
<b>Drug(s) to be Discussed in Testimony:</b>	

### Compensation Disclosure for Testimony

- I am not receiving direct or indirect compensation for appearing/speaking before the board. (Examples of indirect compensation may include non-financial support, personal fees, or royalties)
- I am receiving  direct and/or  indirect compensation for appearing/speaking before the Board.  
Please list entity(s) by the drug manufacturer.

- I am employed by the drug manufacturer

**Registrant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signature, the registrant attests the above information and subsequent testimony is accurate and truthful.*

*The Board meeting will allow public comment and members of the public who wish to testify must complete the DUR Speaker Testimony Registration form in its entirety in order to provide testimony. Completed forms should be submitted to [DURPublicComment@okhca.org](mailto:DURPublicComment@okhca.org). Forms must be received after the DUR Board agenda has been posted and no later than 24 hours before the meeting. This allows for a 4-day window to sign up. Time will be limited to 40 minutes total for all speakers during the meeting. Each speaker will be given 5 minutes to speak at the public hearing. If more than 8 speakers properly request to speak, time will be divided evenly. Only 1 speaker per manufacturer will be allowed.*