

Biographical Data & Conflict of Interest Form

This individual is: (Check all that apply)

Administratively Responsible Person Planning Committee Member Presenter/Content Specialist

Instructions:

Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria. Do not send curriculum vitae. Form must be typed or word-processed.

Demographic Data

Name with Degree/Credentials: _____

Highest Degree in Nursing, if appropriate: _____

Home or Business Address: _____

Day Telephone: _____ Extension: _____

Email Address: _____

Present Position (Title): _____

Employer: _____

Education Activity Planners:

Describe your professional qualifications and familiarity with the target audience

Education Activity Presenter/Content Specialist:

Describe your knowledge and expertise in this topic area

Please complete every section on the following page

Conflict of Interest Disclosure:

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity, and scientific rigor at all programs, the planners and faculty must take full disclosure indicating whether the planner, faculty, or content specialist and/or his/her immediate family members have any relationships with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty and content specialists participating in CE activities must disclose to the audience any

- A. Relationship with companies who manufacture products used in the treatment of the subjects under discussion
- B. Relationship between the planner, faculty, or content specialist and commercial supporter(s) of the activity and/or
- C. Intent to discuss unlabeled uses of a commercial product, or an investigational; use of a product not yet approved for this purpose.

All information disclosed must be shared with the audience whether on the program handouts, advertising and/or audiovisual presentation.

Is there a relationship with companies who manufacture products used in the treatment of the subjects under discussion: Yes No

If yes, list company(ies) with relationship:

Relationship	Name of Commercial Company(ies)
Research Support	
Speaker's Bureau	
Consultant	
Shareholder	
Other Support	
Large Gift(s)	

Conflict Resolution: Not Applicable

How will any conflict of interest be resolved?

- 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
- 2. Presenter has signed a statement that says s/he will present information fairly and without bias.
- 3. RN with minimum of BSN or designee will monitor session to ensure conflict does not arise.
- 4. Other: Describe: _____

Unlabeled Uses: Yes No

Is there any planned discussion of unlabeled or investigational uses of a medication or medical device?

- 1. Verbal statement during the presentation
- 2. Information provided on handouts
- 3. Information provided in audiovisuals
- 4. Other: Describe: _____

Statement of Understanding:

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature (Required for electronic submissions)

Completed by

Date