**BIOGRAPHICAL AND CONFLICT OF INTEREST FORM**

**For Faculty/Presenters/Authors**

***(Must be verified as relevant for each activity in which engaged)***

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| ***Check the appropriate box for role you are fulfilling.*** | |
| Use this section to provide documentation of an individual’s expertise as a planning committee member or as faculty (presenter) for this activity. Submitted information should not be more than two pages and ***a separate form for each individual***. | |
|  | **RN Nurse Planner**  *As “Nurse Planner,” I have education or experience in the field of education or adult learning and knowledge for development, implementation and evaluation of learning activities and needs assessment.*  Click here to enter text. |
|  | **Target Audience Representative**  As “Target Audience Representative,” I represent the target audience by (has knowledge of nurse attendees gaps in knowledge, skills or practice based on the needs assessment; participated in development of objectives addressing the purpose and HOW the nurse is expected to utilize the information once they return to their workplace).  Click here to enter text. |
|  | **Content Specialist**  As “Content Specialist/Faculty,” I have content expertise in this topic by the following: [include professional, educational, speaking engagements, publications, and research activities]. I may fulfill both roles, but there is only one content specialist.  Click here to enter text. |
|  | **Faculty (Presenter)**  As “Faculty (Presenter),” I have content expertise in this topic by the following: [include professional, educational, speaking engagements, publications, research activities].  Click here to enter text. |

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|  | Name | Click here to enter text. | |
|  | Title/Licensure | Click here to enter text. | |
|  | Facility/Hospital | Click here to enter text. | |
|  | Department | Click here to enter text. | |
|  | Telephone | Click here to enter text. | |
|  | Email | Click here to enter text. | |
|  | Present Position | Click here to enter text. | |
|  |  | | |
|  | **EDUCATION (list up to 3)** | | |
|  | Degree and Year Awarded | | Click here to enter text. |
|  | Institution (Name, City, State) | | Click here to enter text. |
|  | Major Area of Study | | Click here to enter text. |
|  |  | | |
|  | Degree and Year Awarded | | Click here to enter text. |
|  | Institution (Name, City, State) | | Click here to enter text. |
|  | Major Area of Study | | Click here to enter text. |
|  |  | | |
|  | Degree and Year Awarded | | Click here to enter text. |
|  | Institution (Name, City, State) | | Click here to enter text. |
|  | Major Area of Study | | Click here to enter text. |

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| **EXPERTISE:** |
| Please describe expertise, specific to the educational activity listed above. (Résumé may be attached.)  Click here to enter text. |

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| **CONFLICT OF INTEREST/BIAS:** | | |
| Each individual who is in a position to control the content of an education activity must disclose all relevant relationships with any entity in a position to benefit financially from the success of the CE activity. Examples of relevant relationships include (but are not limited to) those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit.  Relevant relationships can also include “contracted research” where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. We consider relationships of the individual involved in the continuing nursing education activity to include financial relationships of the individual’s spouse/partner. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. The Accredited Provider is responsible for all disclosed information being shared with the participants/learners on program handouts, advertising and/or through electronic media.  Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?  Yes  No | | |
| Complete for all actual, potential or perceived conflicts.\*\* | | |
| **Check all**  **that apply** | **Category** | **Description** |
|  | Salary | Click here to enter text. |
|  | Honorarium | Click here to enter text. |
|  | Royalty | Click here to enter text. |
|  | Stock | Click here to enter text. |
|  | Speakers Bureau | Click here to enter text. |
|  | Consultant | Click here to enter text. |
|  | Other | Click here to enter text. |
| *\*\* All conflicts of interest, including potential ones, must be resolved* ***prior to*** *the implementation of the continuing nursing education activity.* | | |

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| **CONFLICT RESOLUTION:** | |
| Procedures used to resolve conflict of interest or potential bias for this activity:  *(Check all that apply)* | |
|  | I have discussed the conflict with the Nurse Planner or designee and I am now aware of and agree to the Accredited Organization’s Conflict of Interest Policy. |
|  | In conjunction with the above, the Nurse Planner or designee will monitor the session/content to ensure conflict does not arise. |
|  | Not applicable – no conflict of interest exists. |
|  | Other (specify): Click here to enter text. |

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| **OFF-LABEL USE:** | |
| Faculty/Presenters/Authors must disclose to the Nurse Planner and/or Planning Committee when an educational activity relates to any product used for a purpose other than that for which it was approved by the Food & Drug Administration.   * Faculty/Presenter/Author will discuss off-label uses:  Yes  No   If yes, identify how the learners will be notified during the presentation (Check all that apply.) | |
|  | Information will be provided in hard copy. |
|  | Information will be provided via electronic media. |
|  | Other – please describe (attach copy): Click here to enter text. |

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| **STATEMENT OF UNDERSTANDING:** |
| The below serves as the electronic signature of the individual completing this Biographical and Conflict of Interest form and attests to the accuracy of the information given above.  **Name (type full name/serves as electronic signature):** Click here to enter text.  **Credentials:** Click here to enter text.  **Date:** Click here to enter text.  ***NOTE: The electronic signature, above, will serve as the official signature – no hard copy is required.*** |

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| **NURSE PLANNER SIGNATURE:** |
| The below serves as the electronic signature of the Nurse Planner reviewing the contents of this Biographical and Conflict of Interest form.  **Name (type full name/serves as electronic signature):** Click here to enter text.  **Credentials:** Click here to enter text.  **Date:** Click here to enter text.  ***NOTE: The electronic signature, above, will serve as the official signature – no hard copy is required.*** |