

Provider Organization: _____

Title of Activity: _____

Date(s), if live: _____

Individual's role(s) in this Educational Activity: (check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Presenter/Author | <input type="checkbox"/> Planning Committee Member |
| <input type="checkbox"/> Content Expert (Subject Matter Expert) | <input type="checkbox"/> CNE Nurse Planner responsible for this activity |
| <input type="checkbox"/> Content Reviewer | <input type="checkbox"/> Primary Nurse Planner (Approved Providers only) |
| <input type="checkbox"/> Other faculty in control of content (describe): | |

Demographic Data

Name and Credentials: _____

Organization/Employer: _____

Current Position/Title: _____

Mailing Address: _____

Phone: _____

Email: _____

Conflict of Interest Information

Employees or representatives of a commercial interest may not serve as planners of an educational activity, although they may be eligible to serve as faculty as long as any potential conflict of interest is resolved.

Commercial Interest, as defined by ANCC, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests. See additional definition at (website reference).

1. Are you employed by or do you represent any commercial interest organization?

- NO**
- YES* – Company name:** _____

** The CNE Nurse Planner for this Educational Activity will contact you regarding any disclosed relationships.*

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Actions must be taken prior to the start of the educational activity to resolve any potential or actual COI for anyone who may control educational content, including but not limited to planners, presenters, authors, content reviewers and/or other faculty.

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships** with any commercial interest. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared

with participants prior to the start of the educational activity. **Any relevant relationships with a commercial interest on the part of one's self or a spouse/partner must be disclosed.**

Relevant Relationships, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity. Such relationships include **employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, researcher role, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Evidence of remuneration includes but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

2. Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?

- NO
 YES* - Provide details of relationship(s) below:

Name of Commercial Interest Organization	Relationship(s) with Organization	Related Product/Service

**The CNE Nurse Planner for this Educational Activity will contact you regarding any disclosed relationships with commercial interests to determine whether a conflict of interest (COI) exists and measures to resolve it.*

Content Integrity Statement

Do you agree to ensure to the best of your ability that content for this educational activity is evidence-based or based on the best-available evidence, is presented free from bias, and does not promote the products or services of any individual practitioner or organization?

- YES
 NO* – Please explain: _____

**The CNE Nurse Planner will contact you to discuss your reasons and future involvement with this educational activity.*

Statement of Understanding Signature

By my signature, I attest to completing this Conflict of Interest Form in its entirety and attest to the accuracy of the information provided.

* Signature: Name (Required) _____
Date

* Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.

Nurse Planner Responsible for this Activity, continue to the next page to document COI resolution.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, s/he should recuse himself/herself from the role of Nurse Planner for the educational activity.

This Section MUST Be Completed by the Nurse Planner Responsible for This Activity*	
Procedures used to resolve conflict of interest for this activity: (“X” all that apply)	
	Not Applicable - No relationship(s) with (a) commercial interest(s) were disclosed.
	Not Applicable - Relationship(s) disclosed were found not to be ‘relevant relationship(s)’. Explain further in the “Notes” Section below.
	Removed individual with conflict of interest from participating in all parts of the educational activity.
	Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity (e.g., no involvement with related content, restricting recommendations). Explain further in the “Notes” Section below.
	Not awarding contact hours for a portion or all of the educational activity.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
	Undertaking review of the educational activity by a <u>content reviewer</u> to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Other procedure to resolve conflict of interest (describe in detail here):
	Notes:
	IF APPLICABLE: Any additional concern(s) for potential for bias not self –reported on this form <u>AND</u> the resolution (describe in detail here):

Signature of Nurse Planner Responsible for This Activity*

If this is the conflict of interest form completed by and for the Nurse Planner responsible for the activity, then an individual other than the Nurse Planner must review this form for potential conflicts of interest and sign below. The Nurse Planner reviews and signs all conflict of interest forms except for his/her own.

By my signature, I, as the Nurse Planner (or other individual as described above), attest to reviewing the content of this Conflict of Interest Form and determining appropriate resolution of any conflicts of interest.

_____ _____
***Signature: Name and Credentials (Required)** **Date**

*** Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.**