**Approved Provider’s Name**

**Conflict of Interest Form**

**2015 Criteria**

Title of Educational Activity:       Educational Activity Date:

Role in Educational Activity: (Check all that apply) ☐ Nurse Planner

☐ Content Expert

☐ Faculty/Presenter/Author

☐ Content Reviewer

☐ Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If RN, Nursing Degree(s):       AD       Diploma       BSN       Masters       Doctorate

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer and Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Conflict of Interest**

The potential for conflicts of interest 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. 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, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

**\**Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, 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, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

* A government entity;
* A non-profit (503(c)) organization;
* A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
* An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
* A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients;
* A liability insurance provider;
* A health insurance provider;
* A group medical practice;
* An acute care hospital (for profit and not for profit);
* A rehabilitation center (for profit and not for profit);
* A nursing home (for profit and not for profit);
* A blood bank; or
* A diagnostic laboratory.

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

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, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. 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 the participants/learners prior to the start of the educational activity.

**\*\**Relevant relationships****,* as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

      Yes       No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |
| --- | --- | --- |
| Check all that apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 3: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Typed or Electronic Signature: Name and Credentials (Required) Date**

**Section 4: Conflict Resolution (to be completed by Nurse Planner)**

1. Procedures used to resolve conflict of interest if applicable for this activity:

(Check all that apply)

     Not applicable since no conflict of interest.

     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.

     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 content reviewer 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.

     Undertaking review of the educational activity by a content reviewer to evaluate for

balance in presentation, evidence-based content or other indicators of

integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for

commercial bias in the activity.

     Other - Describe:

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed or Electronic Signature: Name and Credentials (Required) Date**