

Biographical/Conflict of Interest Form

Title of Educational Activity:

Education Activity Date:

Role in Educational Activity: *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Nurse Planner | <input type="checkbox"/> Content Reviewer/Expert |
| <input type="checkbox"/> Planning Committee Member | <input type="checkbox"/> Speaker/Presenter/Author |

Section 1: Demographic Data

Name with Credentials:

If RN, Nursing Degree(s):

- | | | | | |
|-----------------------------|----------------------------------|------------------------------|------------------------------|------------------------------------|
| <input type="checkbox"/> AD | <input type="checkbox"/> Diploma | <input type="checkbox"/> BSN | <input type="checkbox"/> MSN | <input type="checkbox"/> Doctorate |
|-----------------------------|----------------------------------|------------------------------|------------------------------|------------------------------------|

If non-RN, Degree(s):

- | | | |
|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate |
|-------------------------------------|----------------------------------|------------------------------------|

Address:

Phone Number:

Email Address:

Current Employer and Position/Title:

Section 2: Expertise - Do not submit bios, resumes, or CVs.

Please describe expertise, other credentials and years of training **specific to the educational activity** listed above. (If the description of expertise does not provide adequate information, the AAOHN may request additional documentation.)

Section 3: 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. *

A 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. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Based on the definition of commercial interest above, is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

No

Yes

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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)

Completed By:

(Name, Degree(s) and Credentials)

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Date

Section 4: Conflict Resolution - All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the CNE educational activity by the Nurse Planner**

**If this form is for the Nurse Planner, an individual other than the Nurse Planner (i.e. Planning Committee) must review and sign.

Procedures used to resolve conflict(s) of interest or potential bias, 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 financial 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 a content reviewer to evaluate for potential bias, 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 potential bias, 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:

Section 5: Statement of Understanding

An "X" in the box below serves as the electronic signature of the Nurse Planner after reviewing the content of this Biographical/Conflict of Interest Form.
(The Nurse Planner's Biographical Conflict of Interest Form must be reviewed by a Planning Committee member and signed below.)

Electronic Signature (Required)

Review Completed By:

Name, Degree(s) and Credentials

Date