**Biographical and Conflict of Interest Form**

Title of Educational Activity:

Education Activity Date:

Role in Educational Activity: (Check all that apply)  Planning Committee Member

Presenter

Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees:

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

Current Employer:

Position/Title:

Address:        City, State:        Zip:

Phone Number:        Email Address:

**Section 2: Expertise** -Select the area of expertise specific to the educational activity listed above:

Nurse Planner (**Required**)  Pharmacist Planner  RD Planner  Other Professional Planner:

Content Expert  Content Reviewer  Presenter  Other – Please describe:

**Please provide 2-3 sentences** describing expertise and years of training specific to the educational activity listed above. If the description of expertise does not provide adequate information, AADE may request additional documentation. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained.

*For example, “RD for over 20 years” is not acceptable and will be returned for further information.*

**Only presenters must respond to the following statement:**

I WILL discuss or present information that is related to an off-label or investigational use of a therapy, product, or device in this CE activity. Further, I will inform participants of the off-label/investigational discussion at the time it occurs. I have described the-off label or investigational use below:

*I WILL NOT discuss or present any off-label products during my presentation.*

**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***,**1**](https://drive.google.com/open?id=1qfgupJvlFHiRJ17WDbDikcWX4MVJ_O9n) 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 must recuse himself or herself from the role as Nurse Planner for the educational activity.**

[***Commercial Interest Organizations are ineligible for accreditation.***](https://drive.google.com/open?id=1ARGTa6NIaY65A0dGBSptQd7T6gk4583q)

All individuals who have the ability to control or influence the content of an educational activity must disclose all [***relevant relationships 2***](https://drive.google.com/open?id=1qfgupJvlFHiRJ17WDbDikcWX4MVJ_O9n) 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.

**To be completed:**

**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 interest3](https://drive.google.com/open?id=1qfgupJvlFHiRJ17WDbDikcWX4MVJ_O9n). All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

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

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

Procedures used to resolve conflict 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 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:

**Document resolution with individual who has potential conflict**:

In order to ensure that the presentation is free of commercial partiality, we ask that you speak directly with the presenter to address how they plan to avoid including content in their presentation that may be perceived as bias. Document this in 2-3 sentences; describe when the conversation took place, and what was determined:

**I Agree to the Conflict of Interest Policy Terms as Outlined below:**

My presentation will give a balanced view of therapeutic options. Use of generic drug names will be used rather than using trade names. If an educational material or content includes trade names, then it must accompany the respective generic name and include all available trade names of products or medications. My educational materials (e.g. slides, abstracts, handouts) will not contain any advertising, logos, or product-group messages. I understand that if there is a potential conflict of interest, my educational materials may be requested for a content review to ensure there is no commercialism.

Presenter name:

**Section 5: Statement of Understanding**

An “X” in the box below serves as the electronic signature of the individual who has completed this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Electronic Signature (Required)**

**Name and Credentials Date**

**Section 6: Nurse Planner Signature - The Nurse Planner MAY NOT sign Section 6 of their own form. If this form is for the activity’s Nurse Planner, an individual on the Planning Committee other than the Nurse Planner must review and sign the form**

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Electronic Signature (Required)**

**Name and Credentials Date**