

Planner

Faculty/Presenter/Author

Biographical Data Form

Name, Degrees & Credentials:					
If RN, nursing degree(s):	<input type="checkbox"/> AD	<input type="checkbox"/> Diploma	<input type="checkbox"/> BSN	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD
If non-RN, highest degree:	<input type="checkbox"/> BA/BS	<input type="checkbox"/> Master's	<input type="checkbox"/> BSN	<input type="checkbox"/> PhD	<input type="checkbox"/> Other JD
Employer Name:					
Number & Street, City, State, Zip:					
Day Telephone:			Email Address:		
Present Position (Title):					
Planners: Describe your familiarity with the target audience:					
Faculty/Presenters/Authors: Describe your expertise in this topic:					

Planner, Faculty and Author Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty and authors must make full disclosure indicating whether the planner, faculty or author and/or his/her spouse family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, authors and feedback specialists participating in CE activities must disclose to the audience information listed below.

A. Is there a potential conflict of interest? Yes No

If yes, list company(ies) with relationship:

Self	Spouse/ Partner	Type of Financial Relationship	Indicate Applicable Manufacturer(s)
<input type="checkbox"/>	<input type="checkbox"/>	Salary	
<input type="checkbox"/>	<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	<input type="checkbox"/>	Receipt of Intellectual Property Rights	
<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fee	
<input type="checkbox"/>	<input type="checkbox"/>	Honoraria Directly from Commercial Interest of Their Agents ¹	
<input type="checkbox"/>	<input type="checkbox"/>	Contracted Research ²	
<input type="checkbox"/>	<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership Interest excluding diversified mutual funds)	
<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau	

B. If YES to item A above, use this space to describe how any conflict of interest will be resolved (e.g. signed policy statement, nurse planner/planning committee member to monitor session, other):

C. Discussion of unlabeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this?

- 1. Verbal statement during the presentation
- 2. Information provided on handouts
- 3. Information provided in audiovisuals (slides, overhead, powerpoint, etc.)
- 4. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature:

Date:

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

¹A CNE provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

²Only include research funds received directly from industry, grants to your institution are NOT reportable