|  |  |  |
| --- | --- | --- |
| **I. Content**  | **J. Time Frame** | **K. PRESENTER/ author** |
| Provide an outline/description of the content presented per topic addressed. Must be evidence-based or based on the best available evidence. | Provide a time frame in minutes for Provider-Directed activities.  | List the presenter /author. |
|  |  |  |

**(Continued) Reference List**

When listing out references:

1. Use an approved format (APA, MLA, etc).

2. List starting with most recent to oldest.

Content for this education activity was chosen from:

\_\_\_\_ Information available from the following organization/web site (organization must use current available evidence within past 5 years as resource for readers; may be published or unpublished content. EXAMPLES Agency for Healthcare Research and Quality, Center for Disease Control, National Institutes of Health):

|  |
| --- |
| List here: |

\_\_\_\_ Information available through peer-reviewed journal/resource (reference should be within past 5 years):

|  |
| --- |
| List here: |

\_\_\_\_ Clinical guidelines (EXAMPLE [www.guidelines.gov](http://www.guidelines.gov)):

|  |
| --- |
| List here: |

\_\_\_\_ Expert resource (individual, organization, educational institution) (book, article, web site):

|  |
| --- |
| List here: |

\_\_\_\_ Textbook reference:

|  |
| --- |
| List here: |

\_\_\_\_ Other:

|  |
| --- |
| List here: |

**ACTIVITY BIOGRAPHICAL DATA FORM FOR:**

|  |
| --- |
| **Activity Title:****Activity Date:** |

***Instructions:*** *Use this format to provide documentation of an individual’s expertise as a Nurse Planner or Content Expert.* **Submitted information must not be more than 2 pages and must be typed. Do not attach any additional material.**

Check which role(s) you are fulfilling:

Nurse Planner Content Expert

|  |  |
| --- | --- |
| Full Name: |  |
| Degrees: |  |
| Credentials: (please spell out) |  |
| **Preferred Contact Address:** **Number and Street:****City, State and Zip Code:** |  |
| Preferred Contact Telephone: |  |
| **E-mail Address:**  |  |
| **Present Position: (Employer, job title)** |  |

**Biographical Data**

Use the space below to briefly describe your professional experience as it relates to your role, as indicated above, in this continuing nursing education activity. Based on the role(s) checked above, complete the appropriate following statement:

* **As Content Expert, I have content expertise in this topic by:**

|  |  |
| --- | --- |
| [ ]  | **\_\_\_ Years of education in this subject matter.** |
| [ ]  | **\_\_\_ Years of experience in this subject matter.** |
| [ ]  | **Skill level related to this subject matter.** |
| [ ]  | **Certifications I have in this subject matter.** |
| [ ]  | **Recent/significant activities related to this subject matter.** |
| [ ]  | **Other:** |

**Additional Information:**

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

Name of **Approved Provider as reflected on the title page**

**Conflict of Interest Disclosure Form**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an education activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the education activity.

A commercial interest, as defined by the American Nurses Credentialing Center (ANCC) and the Texas Nurses Association (TNA), is an 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.

All individuals who have the ability to control or influence the content of an education activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the planning committee, 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 education activity.

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

As an Approved Provider of continuing nursing education by the Texas Nurses Association, it is the policy of (insert name of Approved Provider) to ensure balance, independence, objectivity and scientific rigor in all of its continuing nursing education activities. **All planning committee members and presenter(s)/author(s)/content reviewer(s) participating in a** (insert name of Approved Provider) **activity must disclose to** (insert name of Approved Provider) **any financial relationships that they or an immediate family member may have with any commercial interest in any amount occurring within the past 12 months that create a conflict of interest.** An “immediate family member” is defined as someone with whom you have a relationship involving the sharing of income or assets.

The intent of this disclosure is not to prevent an individual with commercial interest affiliations from participating, but rather to inform (insert name of Approved Provider) of any financial relationships so that conflicts can be resolved prior to the activity.

\*\*Employees of a commercial interest: An individual who is employed by a commercial interest – ie: receives a W-2 from a commercial interest activity – may not serve on the CNE activity planning committee or be a presenter at a CNE activity.

**Conflict of Interest Disclosure Form**

**Activity Title:**

**Activity Date:**

**Role in Educational Activity: (check all that apply) Nurse Planner**

 **Content Expert**

 **Presenter/Author**

 **Content Reviewer**

 **Other – Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## For all disclosures, complete each section, sign and date below. Please spell out all acronyms.

**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:

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/Employment |  |
|  | 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.

**The signature of the individual completing this conflict of interest form attests to the accuracy of the information above.**

**Signature of Person Disclosing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedures used to resolve conflict of interest or potential bias if applicable for this activity:**

\_\_\_\_ Not applicable since no conflict of interest.

\_\_\_\_ Conflict was discussed with the individual.

\_\_\_\_ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the education 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 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: |

|  |
| --- |
| Notes: |

Signature of Nurse Planner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

As a member of the planning committee, I have reviewed the “Conflict of Interest Disclosure” for the **Nurse Planner** and verify that he/she has no relevant relationship(s) to resolve.

|  |
| --- |
| Notes: |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­