

Doctors of Nursing Practice 11th National Conference, Palm Springs, CA, Sept 27-29, 2018

Biographical Data and Conflict of Interest Form

My role in this continuing education activity is as a (check all that apply):

Nurse Planner* Content Expert Planning Committee Member
 Faculty/Presenter/Author Content Reviewer Other (Describe)

Name, Degrees & Credentials:	
If an RN, Highest Nursing Degree: AD, Diploma, BSN, Masters, Doctorate	
Home Address or Business Address	
City, State and Zip Code	
Day Telephone:	Fax Number:
Email Address:	
Present Position (Title) & Employer:	
Describe professional experience or areas of expertise, which contribute to involvement. This might include your educational background, publications or experience. Please do not attach resumes or CVs. *NOTE: If you are the nurse planner, you must provide information about your expertise/education in adult education or adult learning and ANCC criteria.	

Conflict of Interest Disclosure Statement

The potential for conflict of interest exists when an individual has the ability to control or influence the CE content (either through planning, implementation or reviewing) and they have a financial relationship with a *commercial interest*, the products or services of which are pertinent to the content of the educational activity.

Do you have an actual or perceived conflict of interest for yourself or your spouse partner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe potential conflict(s) of interest below:			
Salary			
Honorarium			
Royalty			
Stock			
Speaker's Bureau			
Consultant			
Other			
How will this potential conflict(s) of interest be resolved prior to the activity? (Check all that apply)			
<i>All conflicts of interest MUST be resolved with the Nurse Planner PRIOR TO the implementation of the activity.</i>			
<input type="checkbox"/>	I have discussed conflict with Nurse Planner and agree to the Conflict of Interest policy.		
<input type="checkbox"/>	I have signed a statement that says I will present information fairly and without bias.		
<input type="checkbox"/>	The Nurse Planner or designee will monitor the session/content to ensure no conflict of interest arises.		
<input type="checkbox"/>	Other (describe):		
Will you be discussing any off label uses of therapeutic interventions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how will you disclose this information?			
<input type="checkbox"/>	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity.		
Date			

Nurse Planner Attestation

<input type="checkbox"/>	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity.
Date	<input type="checkbox"/> Nurse Planner signs here (the Nurse Planner 's BIO/COI must be signed by another committee member)