

# Planner/Faculty Biographical Data and Conflict of Interest Form

## DIRECTIONS:

**All Planning Committee Members:** Complete Sections 1, 2A (if applicable), 2B, 3 & 4

**Presenters:** Complete Sections 1, 2A, 2C, 3 & 4

**Nurse Planner Review:** Complete Title, Date & Role, review all sections for accuracy, then complete & sign Section 5

Educational Activity Title: \_\_\_\_\_

Education Activity Date(s): \_\_\_\_\_

Individual's role(s) in this Educational Activity: (Check all that apply)

- Planning Committee Member     Presenter/Faculty/Author     Content Reviewer

**Directions:** Type information directly into the space provided or type an 'X' in the appropriate box to indicate your response. Save the completed form to your computer. Do **not** attach any additional materials (no CV or resume).

## Section 1: Demographic Data

Name and credentials: \_\_\_\_\_

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

Present Position: \_\_\_\_\_  
(job title, employer, city, state)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 2: Expertise

If you have **Content Expertise** in the subject matter of this activity:

- A. Briefly describe your relevant education and or professional experience:

\_\_\_\_\_

**Planning Committee Members:**

- B. Briefly describe your education/experience in **planning** educational programs, including any experience with the Nurse Planner role:

\_\_\_\_\_

**Presenters/Authors and Content Reviewers:**

- C. Briefly describe your education/experience teaching, presenting, developing and/or reviewing educational program materials:

\_\_\_\_\_

**NOTE:** Please summarize information from the curriculum vitae (CV) in lieu of attaching the entire document. If description does not provide adequate information, additional documentation may be requested.

### Section 3: Actual, Potential & Perceived Conflict of Interest

Employees or representatives of a **commercial interest** may not serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to resolve any potential conflict of interest.

**Commercial Interest**, as defined by ANCC, is any entity producing, marketing, re-selling, 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, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests.

**1. Are you employed by or do you represent any commercial interest organization?**

  


NO

YES\* – Company name: \_\_\_\_\_

*\* You are not eligible to serve as the Nurse Planner for this activity – but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI.*

Each individual who is in a position 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, speakers, presenters, faculty, authors, and/or content reviewers. The potential for **Conflict of Interest (COI)** 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. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

**All planners and presenters/authors/content reviewers must disclose any possibly relevant relationships with commercial interests on the part of themselves or their spouse/partner occurring over the past 12 months.**

**Relevant Relationships**, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity. Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant. Such relationships include, but are not limited to, **employment, management positions, stockholder, independent contractor relationships (including contracted research), 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.** Evidence of remuneration includes but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

**2. Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?**

  


NO

YES\* - Provide details of relationship(s) below:

NAME OF COMMERCIAL INTEREST ORGANIZATION	RELATIONSHIP(S) WITH	RELATED PRODUCT/SERVICE

*\*Individuals found to have a COI are not eligible to serve as the Nurse Planner, but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI.*

**Content Integrity Statement:**

Do you agree to work to ensure that content for this educational activity is evidence-based or based on the best-available evidence, is presented free from bias, and does not promote the products or services of any individual practitioner or organization?

YES

NO\* – Please explain: \_\_\_\_\_

\* You are not eligible to serve as the Nurse Planner for this activity – but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI.

**Section 4: Statement of Understanding**

An "X" in the box below serves as the electronic signature of the individual completing this Biographical Data/Conflict of Interest Form and attests to the accuracy of the information given above.

Name and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 5: Nurse Planner Review**

The Nurse Planner is responsible for ensuring completion and review of biographical/conflict of interest forms completed by each planning committee member, planner, presenter/faculty/author, and content reviewer, to ensure appropriate qualifications and evaluation of actual or potential bias.

<b>DO NOT COMPLETE - Nurse Planner use only:</b>	
<b>Resolution of potential Conflicts of Interest – check all that apply:</b>	
<input type="checkbox"/>	Not Applicable - No relationship(s) with a commercial interest were disclosed
<input type="checkbox"/>	Not Applicable - Relationship(s) disclosed were found not to be 'relevant relationship(s)' (explain in NOTES below)
<b>Relevant relationship(s) with a commercial interest were identified (COI exists) – ACTIONS TO RESOLVE COI:</b>	
<input type="checkbox"/>	Removed individual from participating in all parts of this educational activity
<input type="checkbox"/>	Revised individual's role in activity so the financial relationship was no longer relevant
<input type="checkbox"/>	Not awarding contact hours for a portion or all of the educational activity
<input type="checkbox"/>	Review of educational activity for evidence of integrity/absence of bias by (name) _____ <b>AND:</b>
<input type="checkbox"/>	Presentation will be monitored to evaluate for commercial bias (document outcome in NOTES)
<input type="checkbox"/>	Participant feedback will be reviewed to evaluate for commercial bias in the activity (document results in NOTES)
<input type="checkbox"/>	Other procedure: _____
NOTES:	
<b>Additional concern(s) for potential for bias that were not self-reported on this form AND resolution – if applicable:</b>	
<b>Electronic Signature:</b> An 'X' in the box below serves as the electronic signature of the Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.	
<input type="checkbox"/>	Name and Credentials: _____ Date: _____