

2.0 Conflict of Interest Form Emergency Nurses Association—Accredited Approver (2015 Criteria)

Title of Educational Activity*:
(List all session/topic(s) if speaker/author)

Education Activity Date(s):
(OR the go live date for Enduring/Web based Activity)

Role in Educational Activity: *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Nurse Planner <i>(one per activity application)</i>
<input type="checkbox"/> Content Expert <i>(at least one per activity application)</i>
<input type="checkbox"/> Speaker/Faculty/Presenter/Author | <input type="checkbox"/> Content Reviewer <i>(optional)</i>
<input type="checkbox"/> Other—Describe: |
|---|---|

If presenting more than one session, speakers only complete **one conflict of interest form.
 *If planning committee member is also presenting, only complete **one** conflict of interest form.*

Section 2.1: Demographic Data ⇒ All

Name with Credentials/Degrees:
If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate
Address (Street/City/State/Zip):
Phone Number:
Email *(for correspondence related to this course):*

Current Employer and Position/Title:

Section 2.2: Expertise ⇒ Planning Committee—Only *(faculty/speakers do not complete this section, unless also on planning committee):*

If a planning committee member, select area of expertise specific to the educational activity listed above (only one individual should hold the role as Nurse Planner):

- Nurse Planner** *(responsible for ensuring adherence to ANCC Accreditation criteria)*
- Content Expert**
- Other—Describe:**

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Emergency Nurses Association Approver Unit (ENAAU) may request additional documentation.)

Section 2.3: Expertise ⇒ Speaker/Faculty/Presenter/Author/Content Reviewer

Please describe expertise and years of training specific to the educational activity/activities listed above. (If the description of expertise does not provide adequate information, the ENAAU may request additional documentation.)

Section 2.4: Conflict of Interest ⇒ All

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*,* 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 should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any 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. Commercial Interest Organizations are **ineligible** for accreditation. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** 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.

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

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 <small>Include name of company, your role, and what was received.</small>
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

** All conflicts of interest, including potential ones, must be resolved by the **ACTIVITY NURSE PLANNER** prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 2.5: Statement of Understanding ⇨ All

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Section 2.6: Conflict Resolution ⇨ to be completed by Activity Nurse Planner

- A. 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:

Section 2.7: Nurse Planner Signature ⇒ **If form is for the Activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form. Nurse Planners may not sign their own forms.*

Completion of the line below serves as the electronic signature of the Activity Nurse Planner reviewing the content of this Conflict of Interest Form and attests to the resolution of actual, potential, or perceived conflict of interest, or potential bias.

Typed or Electronic Signature: Name and Credentials (Required)

Date