

MU Continuing Medical Education and MU Nursing Outreach Bio & Conflict of Interest Form

Section 1: Demographic Data

Name with Credentials/Degrees: _____

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

If Physician: MD DO Other: If Other Health Professional: Please list credentials/degrees: _____

Present Position (*job title, employer, city, state*): _____

Mailing Address: _____ Phone: _____ Email: _____

Section 3: Expertise

Please describe professional experience and years of education specific to this educational activity. This information needs to explain why you are qualified to plan and/or speak at this particular program. Nurses: *Please summarize information from your curriculum vitae/resume' in lieu of attaching the entire document.* This is required by our accrediting organization. This information may also be used to introduce you. Physicians: *You may attach a short bio in lieu of summarizing your expertise.*

Section 3: Educational Activity

Title of Educational Activity: _____ Education Activity Date: _____

Role in Educational Activity: (Check all that apply)

Speaker/Presenter/Faculty/Author Planning Committee Content Expert/Reviewer Other-Describe: _____

Section 4: Actual, Potential & Perceived Conflict of Interest

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.

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.

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.

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), grants, contracts, or other financial benefit directly or indirectly from the commercial interest. Financial benefits may be associated with **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. 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.

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.

Individuals found to have a COI are not eligible to serve as a/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. 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.

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? Yes No

If yes, indicate name of commercial interest (company or organization) _____

AND complete the table below for all actual or potential conflicts of interest*:

Please check all that apply: Employee Royalty Stockholder Research Support Speakers Bureau Consultant

Other _____

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

Section 5: Statement of Understanding

I _____ have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date 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.

Electronic Signature Completed by (name and credentials): _____ Date: _____