

**Pennsylvania State University – College of Nursing**  
**Conflict of Interest Form**  
**2015 Criteria**

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

Educational Activity Date: \_\_\_\_\_

**Section 1: Demographic Data**

Name with Credentials/Degrees: \_\_\_\_\_

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

Role in Educational Activity: (Check all that apply)

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe:

Current Employer and Position/Title: \_\_\_\_\_

**Section 2: Conflict of Interest**

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.

**\*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.

**\*\*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
<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 prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

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

**Electronic Signature (Required)**

\_\_\_\_\_  
**Completed By: Name and Credentials**

\_\_\_\_\_  
**Date**

### Section 4: Conflict Resolution (to be completed by 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: \_\_\_\_\_

### Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Electronic Signature (Required)**

\_\_\_\_\_  
**Completed By: Name and Credentials**

\_\_\_\_\_  
**Date**