**Conflict of Interest Review Spreadsheet**

The following people have been given the definition of a Commercial Interest Organization: one that “produces, markets, sells or distributes health care goods or services consumed by, or used on patients.” They have agreed that they understand the definition of Commercial Interest and have disclosed their affiliation with potential or actual Commercial Interest Organizations.

It is the **responsibility of the Nurse Planner** to review all involved and ensure that the integrity of the content is appropriate. After completing this form, the Nurse Planner must sign the attestation at the bottom. Signing indicates that the information on the form has been reviewed and is in compliance with ANCC guidelines relating to Conflict of Interest and Commercial Support.

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| --- | --- | --- | --- | --- |
| **Name of Person**  **Involved in Activity** | **Role in Activity** | **Organization and Relationship to Organization** | **Conflict of Interest**  **Yes/No**  **(method of disclosure: verbal, e-mail, form)** | **Resolution Process for Conflict Found** |
| *Jane Doe* | *Presenter* | *Pfizer* | *Yes – verbally* | *Slides reviewed. Jane’s presentation is in no way related to the products produced and sold by the organization in question.* |
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**Attestation Statement:** *I,* Click or tap here to enter text.*, the Nurse Planner for this event, have reviewed the above content and agree with the information provided. Any potential or actual conflict of interest has been reviewed and resolved as per PSNA/ANCC guidelines.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*