**American Association of Occupational Health Nurses**

**Biographical Data & Financial Relationship Form**

Title of Educational Activity:       Educational Activity Date:

Role in Educational Activity: (Check all that apply) [ ]  APPD/ Nurse Planner

[ ]  Nurse Planner

 [ ]  Content Expert

 [ ]  Faculty/Presenter/Author

 [ ]  Content Reviewer

 [ ]  Other – Describe:

**Section 1: Demographic Data**

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

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

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

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Relevant Expertise on Topic**

Please provide if you are a content expert/ presenter or if you are a content expert/planner. Please provide a 3-5 sentence introduction.

**Section 3: Relevant Financial Relationship Disclosure**

Each individual in a position to control or influence the content of an educational activity **must** disclose all relevant financial relationships with an ineligible company\* regardless of the actual or perceived relevance to the content of the educational activity. The AAOHN Accredited Provider Program Director/Nurse Planner is responsible for evaluating the presence or absence of relevant financial relationships and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If a 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.

**\**Ineligible Company***, 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.

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant financial relationships\*\**** with any ineligible company within the prior 24 months, 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 24 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity. When a person separates himself/herself of such a relationship, it ceases to be a conflict of interest but it must be disclosed to the learners for 24 months after the termination of the relationship.

**\*\**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.

* 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, contracted research, and other activities from which remuneration is received or expected from the commercial interest.

**Is there an actual, potential or perceived financial relationship?**

 **Yes       No**

**If yes,** please complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |  |
| --- | --- | --- | --- |
| Check all that apply | Financial Relationship Categories | Ineligible Company NAME | Relevant Financial Relationship Termination Date |
|  | Salary |  |  |
|  | Royalty |  |  |
|  | Stock |  |  |
|  | Speakers Bureau |  |  |
|  | Consultant |  |  |
|  | Other |  |  |

[ ]  **By checking this box, I attest that in the past 24 months, I have not had any financial relationships with any ineligible companies.**

**Section 4: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Financial Relationship Form and attests to the accuracy of the information given above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Section 5: Financial Relationship Mitigation (to be completed by completed by AAOHN Accredited Provider Program Director/Nurse Planner)**

**Or document separately**

1. Procedures used to resolve conflict of interest if applicable for this activity:

     Not applicable, there are no relevant financial relationships.

     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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.

     Undertaking review of the educational activity by a content reviewer to evaluate for

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 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:

**AAOHN Accredited Provider Program Director/Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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