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| Disclosure and Conflict of Interest Form  | Description: SoN_UW_CNE_k_sml |
| Your Name: |       |
| Activity Name: |       |
| Activity Date: |       | Location: |       |

This form must be completed by all persons involved in UW Continuing Nursing Education (UWCNE) activities. **Refusal to disclose will result in disqualification from participation.** If changes occur in disclosed information prior to participating in an activity or for 12 months after the activity, you must inform UWCNE and participants attending the activity.

**CONFLICT OF INTEREST -- Sign ONLY Statement A or Statement B**

It is the policy of UWCNE to ensure balance, independence, objectivity, and scientific rigor in all of its educational programs. Speakers, authors, reviewers and planning committee members are required to disclose any financial or other relationships **in the past twelve months** with a commercial interest organization or proprietary entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients and relevant to the content of this offering. Exceptions are non-profit or government organizations, non-health-care related companies, healthcare facilities and providers of clinical service directly to patients. **Conflict of interest** develops when an individual has an opportunity to affect educational content about the products or services of a commercial interest with which the individual has a financial relationship. **The intent of this policy** is to openly identify any such relationships so that (a) UWCNE can identify and resolve any potential or actual conflicts of interest and (b) learners may form their own opinions as to whether content reflects possible bias in exposition or conclusion. A summary of relationships disclosed for this offering will be provided to participants prior to the start of the educational activity. **(See attached list of organizations that are NOT considered to be a commercial interest organization.)**

**A.** **Neither I, the undersigned, nor my spouse/partner have/had financial or other relationships with ANY commercial interest organization within the past 12 months. (**Typing your name below is an acceptable “signature”.)

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| --- | --- | --- | --- |
| 1. **Signature for Statement A**
 |       | **Date** |       |

**B. I, the undersigned, and/or my spouse/partner, HAVE/HAS HAD a relevant financial relationship within the past 12 months with the commercial entity(ies) noted below.** List the name of any company with which you and/or your spouse/partner have any of the following associations. You do not need to disclose the actual financial value of any affiliation.

|  |  |  |
| --- | --- | --- |
|  | Financial Relationship | Name of Commercial Interest Organization |
| **[ ]**  | Salary, Honoraria |       |
| **[ ]**  | Royalty |       |
| **[ ]**  | Intellectual Property Rights |       |
| **[ ]**  | Major Stock Shareholder |       |
| **[ ]**  | Consulting, Speaking & Teaching |       |
| **[ ]**  | Grant/Research Support |       |
| **[ ]**  | Advisory Committees or Review Panels |       |
| **[ ]**  | Other financial or material support: |       |

ATTESTATION: I know that UWCNE is responsible for evaluating and resolving any identified actual or potential conflicts of interest during planning and implementation of an activity. In light of relationships/affiliations that I disclosed above, I attest that:

1. the relationship(s)/affiliation(s) will not bias or otherwise influence my involvement in the program;
2. practice recommendations given relevant to companies with whom I or my spouse/partner have affiliations will be supported by the best available evidence or, absent evidence, consistent with generally accepted medical and nursing practice;
3. all reasonable clinical alternatives will be discussed when making practice recommendations;
4. all scientific research referred to, reported or used in support or justification of a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.

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| 1. **Signature for Statement B**
 |       | **Date** |       |

**Please return this form to:**

**Resolution by the UWCNE Nurse Planner:** The following procedure(s) were used to resolve any actual or potential conflict of interest or bias for this activity.

1. **[ ]**  Not applicable since no conflict of interest exists.
2. **[ ]**  Potential conflict of interest has been resolved in part by the individual reading and signing the above attestation statement. In addition, a reviewer will 1) monitor the activity for commercial bias, balance in presentation, evidence-based content and other indicators of content integrity, 2) evaluate participant feedback for evidence of commercial bias, and 3) submit a written assessment for the course file of the presence or absence of commercial bias related to this presenter’s participation.
3. **[ ]**  The role of the individual has been revised so that the relationship is no longer relevant to the educational activity.
4. **[ ]**  Contact hours will not be awarded for a portion or all of this activity.
5. **[ ]**  Other:

**Nurse planner initials**:       **Date**:       For questions, please contact Marites Almachar, maritesb@uw.edu or 206.221.2405.

**DEFINITION OF A COMMERCIAL INTEREST ORGANIZATION1, 2**

The American Nurses Credentialing Center (ANCC) defines an organization as having a commercial interest (“Commercial Interest Organization”) if it:

* Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
* Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health are goods or services consumed by or used on patients; or
* Advocates for use of the products or services of commercial interest organizations.

**ORGANIZATIONS THAT ARE NOT A COMMERCIAL INTEREST ORGANIZATION1, 2**

1. A government entity
2. A non-profit 503(c) organization
3. A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners
4. 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.
5. A non-healthcare related entity who primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients
6. Liability insurance providers
7. Health insurance providers
8. Group medical practices
9. Acute care hospitals (for profit and not for profit)
10. Rehabilitation centers (for profit and not for profit)
11. Nursing homes (for profit and not for profit)
12. Blood banks
13. Diagnostic laboratories
14. Author of a book3
15. Publishing company3

1American Nurses Credentialing Center’s (ANCC) Content Integrity Standard for Industry Support in Continuing Nursing Educational Activities (Effective date: 1/1/2013; Updated: 5/1/2013)

2Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) [Note: ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Education Activities and consistency with the ACCME definition.]

3American Nurses Credentialing Center, document retrieved 10/10/2015: <http://wwwnursecredentialing.org/Documents/Accreditation/AccredVideo-FaqSheets/2013-ManualWebinarFAQ-Provider.pdf>