|  |  |
| --- | --- |
| Title of Professional Development Activity: | Enter text |
|  | | |

|  |
| --- |
| **Section 1: Individuals’ Demographic Data** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First and Last Name: | | Enter text | | | | |
| Credentials/Degrees: | | Enter text | Current Employer: | | | Enter text |
| Position/Title: | Enter text | | | Email Address: | Enter text | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Financial Relationship Disclosures** | | | | | | | | |
| An I**neligible Company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples include, but are not limited to: pharmaceutical companies and medical device companies. For specific examples of ineligible companies visit [accme.org/standards](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) | | | | | | | | |
| **The Nature of Financial Relationship**  Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed.  Research funding from ineligible companies **MUST** be disclosed by the principal or named investigator *even if that individual’s institution receives the research grant and manages the funds.*  If the financial relationship existed during the last 24 months, but has now ended, it must be disclosed.  **In the past 24 months:** | | | | | | | | |
|  | | | | | | | | |
| **Name of Ineligible Company** | | | **Nature of Financial Relationship** | | | | **Relationship Ended within the Past 24 Months** | |
| Example: ABC Company |  | Consultant | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
| Enter text |  | Enter text | | | |  | |  |
|  | | | | | | | | |
| **Section 3: Statement of Understanding** | | | | | | | | |
| Completion of the line below serves as the electronic signature of the individual disclosing their relationships, and attests to the accuracy of the information given above as of the signed date. | | | | | | | | |
| Enter text | | | |  | Enter text | | | |
| Signature | | | |  | Date | | | |
| Page 2 is to be completed by the Nurse Planner | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Nurse Planner Determination of Relevancy** | | | | | | | | | |
| **Step 1: Review collected information about financial relationships**  *Exclude owners or employees of ineligible companies from participating as planners or faculty.*  There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:  1. When the content of the activity is not related to the business lines or products of their employer/company.  2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug  discovery, or the methodologies of research, and they do not make care recommendations.  3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend  whether or when a device is used.  **Step 2: Determine relevant financial relationships.**  Financial relationships are relevant if all of the following *three* conditions are met for the individual who is able to control content:   1. A financial relationship, in any amount, exists between the person in control of content and an ineligible company. 2. Content of the education is related to the products of an ineligible company with whom the person has a financial relationship. 3. The financial relationship existed during the past 24 months.   **Step 3: Choose a mitigation strategy for each relevant financial relationship and implement that strategy before the individual assumes their role.**  Mitigation steps for planners (choose at least one)   * Divest the financial relationship (Examples: sell/transfer stock, resign from role) * Recusal from controlling aspects of planning and content with which there is a financial relationship * Peer review of planning decisions by persons without relevant financial relationships * Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature). * Use other methods – make sure you describe the method | | | | | | | | | |
| **Nurse Planner, does this individual have a relevant financial relationship with an ineligible company?** | | | | | | | | | |
| **Relevant Financial Relationship** | | **Step(s) Taken to Mitigate Relevant Financial Relationship** | | | | | **Date Implemented** | | |
| Example: Consultant for ABC |  | | Presentation reviewed by Nurse Planner, and content is unbiased. | | |  | | July 15, 2021 |
| Enter text |  | | Enter text | | |  | | Enter text |
| Enter text |  | | Enter text | | |  | | Enter text |
| Enter text |  | | Enter text | | |  | | Enter text |
| Enter text |  | | Enter text | | |  | | Enter text |
| Enter text |  | | Enter text | | |  | | Enter text |
|  | | | | | | | | | |
| **Section 5: Nurse Planner Verification**  If form is for the activity Nurse Planner, an Individual other than the Nurse Planner must review and sign this section of the form. | | | | | | | | | |
| Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this form, and attests to the accuracy of the form as of the signed date. | | | | | | | | | |
| Linda Ohler, MSN, RN, CCTC, FAAN, FAST | | | |  | April 30, 2023 | | | | |
| Signature | | | |  | Date | | | | |