**Nurse-Family Partnership National Service Office**

**Conflict of Interest Disclosure Form - Information**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an education activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the education activity.

A commercial interest, as defined by the American Nurses Credentialing Center (ANCC) and the Texas Nurses Association (TNA), is an 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 education activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the planning committee, 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 education activity.

**\*\*Relevant relationships,** as defined by ANCC/TNA, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the education 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.

As a provider of continuing nursing education by the Texas Nurses Association, it is the policy of Nurse-Family Partnership National Service Office to ensure balance, independence, objectivity and scientific rigor in all of its continuing nursing education activities. **All planning committee members and presenter(s)/author(s)/content reviewer(s) participating in a** Nurse-Family Partnership National Service Office **activity must disclose to** of Nurse-Family Partnership National Service Office **any financial relationships that they or an immediate family member may have with any commercial interest in any amount occurring within the past 12 months that create a conflict of interest.** An “immediate family member” is defined as someone with whom you have a relationship involving the sharing of income or assets.

The intent of this disclosure is not to prevent an individual with commercial interest affiliations from participating, but rather to inform of Nurse-Family Partnership National Service Office of any financial relationships so that conflicts can be resolved prior to the activity.

\*\*Employees of a commercial interest: An individual who is employed by a commercial interest – ie: receives a W-2 from a commercial interest entity – may not serve on the CNE activity planning committee or be a presenter at a CNE activity.

**[THIS FORM CAN BE REMOVED PRIOR TO SUBMITTING THE ACTIVITY APPLICATION FOR REVIEW]**

**Conflict of Interest Disclosure Form**

**Activity Title: Nurse-Family Partnership 2019 Texas Conference: Riding the Wave of Excellence**

**Activity Date: May 7th-8th**

**Role in Educational Activity: (check all that apply)** **[ ]  Nurse Planner**

**[ ]  Content Expert**

**[x]  Presenter**

**[ ]  Author**

**[ ]  Content Reviewer**

 **[ ]  Other:**

## For all disclosures, complete each section, sign and date below. Please spell out all acronyms.

**Demographic Data**

**Name with Credentials/Degrees:**

## If RN, Nursing Degree(s): \_\_\_\_\_AD \_\_\_\_\_Diploma \_\_\_\_\_BSN \_\_\_\_\_Masters \_\_\_\_\_Doctorate

Address:

Phone Number: Email Address:

Current Employer and **Position/Title**:

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** |
|  | Salary/Employment |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information give above.

Completed by: Name and Title Date