Ohio Nurses Association
Biographical and Conflict of Interest Form
2013 Criteria

Title of Educational Activity: The 9th Annual Research Conference “Changing Practice through Nursing Research”

Education Activity Date: Monday April 27, 2015

If you are the Nurse Planner for the activity, complete Sections 1, 2, 4 and 5
If you are on the planning committee for the activity, complete Sections 1, 2, 4 and 5
If you are the faculty/presenter/author for this activity, complete Sections 1, 3, 4 and 5

Role in Educational Activity: (Check all that apply)  
☐ 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: ______

Phone Number: ______  Email Address: ______

Current Employer and Position/Title: ______

Section 2: Expertise – Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to CE criteria)

_____ Content Expert

_____ Other

Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, ONA will request additional documentation.)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.
Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, ONA will request additional documentation.)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the 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. (See addendum for information about commercial interest.)

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships** with any commercial interest, 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 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**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.

- 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.
- Employees of commercial interest organizations are never eligible to be on planning committees or serve as faculty for a session that pertains to their field of employment.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

[ ] Yes [x] No

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

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royalty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please scroll through and complete the entire form!
Your application will not be accepted if all areas highlighted in yellow are not complete.

<table>
<thead>
<tr>
<th>Speakers Bureau</th>
<th>Consultant</th>
<th>Other</th>
</tr>
</thead>
</table>

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

Section 5: Statement of Understanding
Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed Electronic Signature: Name and Credentials (Required)  Date

Section 6: Conflict Resolution (to be completed by Nurse Planner)
A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
   (Check all that apply)
   x Not applicable since no conflict of interest.
   ___ Investigation indicated that there was no conflict of interest.
   ___ Removed individual with conflict of interest from participating in all parts of the educational activity.
   ___ Revisited 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 a content reviewer to evaluate for potential bias, 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 potential bias, 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: ___

Nurse Planner Signature
(* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).
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

Addendum:
*Commercial interest*, 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.

Commercial Interest Organizations are ineligible for accreditation.
An organization is NOT a Commercial Interest Organization* if it is:
- A government entity;
Please scroll through and complete the entire form!
Your application will not be accepted if all areas highlighted in yellow are not complete.

- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- 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;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

Additionally, non-profit 501c organizations are not considered commercial interest organizations, however, ANCC and ONA reserve the right to screen 501c organizations to ensure there is no component of the organization that produces, markets, re-sells or distributes health care goods or services consumed by or used on patients, or is an advocate for a commercial interest. (ANCC Primary Accreditation Manual, version 3.0)
Please scroll through and complete the entire form!
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9th Annual College of Nursing Changing Practice through Nursing Research

Speakers/Authors: This document has been developed to better inform you of our Conflict of Interest policy. Please review each item, check your response, sign the document and return to your Nurse Planner.

<table>
<thead>
<tr>
<th>TERMS and CONDITIONS</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have disclosed to the Director of the CNE at the University of Toledo all potentially biasing relationship of a financial, professional or personal nature that exist or have existed within the last 12 months. I understand that these relationships will be shared with the learner.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>I will prepare fair and balanced presentations/independent studies that are objective and scientifically rigorous. Content will be well-balanced, evidence based where possible and unbiased.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If addressing unlabeled and/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>I will use generic names to the extent possible when discussing specific health care products or service. If I need to use trade names, I will use trade names from several companies when available, and not trade names from any single company.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Validation of content: I have reviewed the proposed content for this activity and find, to the best of my knowledge, the following: A. This presentation/independent study is based on acceptable principles that are generally accepted as valid by the profession. B. This content is based on conclusions or inferences about the evidence that are accepted in the general health care community as valid and sound. C. Scientific research referred to in this presentation conforms to generally accepted standards of experimental design, data collection, and analysis. D. Content is accurate based on best information available at the time the presentation/independent study was developed.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of the presentation or independent study will not be included in any way with this activity.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The handouts and slides will not include my company logo other than on the first slide. (The copyright symbol may be included on each of the slides.)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>I understand that the CNE Director may review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

I have carefully read and considered each item in this attestation form and have completed it to the best of my ability.

Signature: ___________________________ Date: __________

☐ Check here if this signature was submitted electronically with an e-mail message.
Please scroll through and complete the entire form! Your application will not be accepted if all areas highlighted in yellow are not complete.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>CONTENT (Topics)</th>
<th>TIME FRAME</th>
<th>PRESENTER</th>
<th>TEACHING METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>List learner’s objectives in behavioral terms (ONE Measurable LEARNER OUTCOME)</td>
<td>Provide an outline of the content for each objective. It must be more than a restatement of the objective.</td>
<td>The time frame for each objective.</td>
<td>List the Faculty for each objective.</td>
<td>Describe the instructional strategies &amp; delivery methods for each objective.</td>
</tr>
<tr>
<td>1. The learner will be able to identify.....</td>
<td>A.</td>
<td>30 minutes</td>
<td>(Your name and credentials)</td>
<td>Power Point Lecture</td>
</tr>
</tbody>
</table>

References used to create presentation. List in APA format. You must list at least 2 research based scholarly references.

1.