

SIGNATURES REQUIRED PAGE 3 & PAGE 4

Pittsburgh Regional Health Initiative Biographical and Conflict of Interest Form 2015 Criteria (4-18-16)

Title of Educational Activity: _____

Education Activity Date: _____

Role in Educational Activity: (Check all that apply)

- Planning Committee Member
 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: Conflict of 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.

***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.

****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.

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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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

Section 3: 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)

- Not applicable since no conflict of interest.
- 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 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: _____

Section 4: Statement of Understanding

An “X” in the box 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.

_____ **Electronic Signature (Required)** **Date** _____

Completed By: Name and Credentials

Additional signature required on Page 4

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

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

_____ **Electronic Signature (Required)**

Completed By: Name and Credentials

Date

TERMS AND CONDITIONS FOR ALL PLANNING TEAM MEMBERS

REQUIRED FORM: This document has been developed to better inform you of our policy. Please review each item, check your response to the Terms & Conditions at the top, sign the document and return to Nicole Greer, RN, BSN, MPH, MPA Thank you.

TERMS & CONDITIONS: AGREE DISAGREE

1. I have disclosed to the Nurse Planner all potentially biasing relationship of a financial nature that exist or have existed within the last 12 months for both myself and my significant other (if applicable). I understand that these relationships will be shared with the learner.
2. I will prepare fair & balanced presentations/independent studies that are objective and scientifically rigorous. Content will be well-balanced, evidence based where possible and unbiased.
3. 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.
4. I will use generic names to the extent possible when discussing specific health care products or services. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.
5. 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.
6. 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 that presentation/independent study will not be included in any way with this activity.
7. 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.
8. The handouts and slides will not include logos from any commercial entity. (The copyright symbol may be included on each of the slides.)
9. I understand that the Nurse Planner for this activity may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.

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

Signature: _____ Date: _____

PRESENTATION Title: _____