

UPMC Provider Unit Biographical and Conflict of Interest Form

Date of Educational Activity:

Title of Educational Activity:

Name with Credentials/Degrees:

Current Employer and Position/Title:

Phone Number:

Email Address:

1. Role in Educational Activity: (Check all that apply):

- ☐ Planning Committee
- ☐ Faculty/Presenter/Author
- ☐ Content Reviewer
- ☐ Other – Describe:

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

2. Conflict of Interest

All individuals, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers, who have the ability to control or influence the content of an educational activity must disclose all *relevant relationships with any **commercial interest including relationships held by the individual's spouse/partner.

- All relevant relationships during the time when the relationship is in effect and for 12 months afterward will be shared with the participants/learners prior to the start of the educational activity.
- Relationships with any commercial interest of the individual and/or the individual's spouse/partner must be reported, evaluated and resolved.

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

No

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

Category (check all that apply)

Name of Commercial Interest

Salary/Royalties:

Consultant:

CE Speakers' Bureau:

Other:

3. 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 or Electronic Signature: Name and Credentials (Required) Date

The following information is to be completed by the designated UPMC Provider Unit Nurse Planer

4. Conflict Resolution (to be completed by Nurse Planner), if applicable

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

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.

Other, describe:

Nurse Planner Signature:

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/COI Form.

Typed or Electronic Signature: Name and Credentials (Required)

Date

***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.

****Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare good 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.