

___ Planners
___ Faculty/Presenters

2009 Biographical Data Form

Name, Degrees & Credentials: _____

If RN, nursing degree(s): ___ AD ___ Diploma ___ BSN ___ Masters ___ PhD

Home Address **OR** Business Address: _____
(Number and Street) (City, State, Zip)

Preferred Telephone: _____ Email Address: _____

Present Position (Title) & Employer: _____

Planners: Describe your familiarity with the target audience: _____

Faculty/Presenters: Describe your expertise in this topic: _____

Planner, Faculty and Content Specialist Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners and faculty must make full disclosure indicating whether the planner, faculty or content specialist and/or his/her spouse family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, content specialists and feedback specialists participating in CE activities must disclose to the audience information listed below.

- A. Is there a potential conflict of interest? ___ Yes ___ No
If yes, list company(ies) with relationship:

<u>Relationship</u>	<u>Name of Commercial Company(ies)</u>
Research Support	
Speakers' Bureau	
Consultant	
Shareholder	
Large Gift(s)	
Other Support	

- B. Discussion of unlabeled uses: ___ Yes ___ No
If yes, you must disclose this information during your presentation. How will you do this?

___ 1. Verbal statement during the presentation
___ 2. Information provided on handouts
___ 3. Information provided in audiovisuals (slides, overhead, powerpoint, etc.)
___ 4. Other: Describe:

- C. How will any conflict of interest be resolved?

___ 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
___ 2. Presenter has signed a statement that says s/he will present information fairly and without bias.
___ 3. RN with minimum of BSN or designee will monitor session to ensure conflict does not arise.
___ 4. Not applicable since no conflict of interest.
___ 5. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature: _____ Date: _____

Checking this box provides my electronic signature and affirms all the information entered above. (Please enter name and date on signature and date lines above).