

# American *Holistic Nurses* Association

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## Conflict of Interest Form 2015 ANCC Criteria

### Section A: Program Data and Relevant Roles

Title of Educational Activity: \_\_\_\_\_

Educational Activity Date: \_\_\_\_\_

Role in Educational Activity: (Check all that apply)

- Nurse Planner                       Content Reviewer
- Content Expert                       Faculty/Presenter/Author
- Planner-Other/Misc.               Other – Describe: [Click here to enter text.](#)

### Section B: Demographic Data

<b>Name with Credentials</b>	_____
<b>If RN, Nursing Degrees(s)</b>	<input type="checkbox"/> AD <input type="checkbox"/> Diploma <input type="checkbox"/> BSN <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
<b>Address:</b>	_____
<b>City, State, Zip:</b>	_____
<b>Phone Number:</b>	_____
<b>Email Address:</b>	_____
<b>Website(s):</b> (Required-include all personal and business related websites)	_____
<b>Current Employer:</b>	_____
<b>Position/Title</b>	_____

### Section C: 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.

**\*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. (Please reference content integrity document for further clarity [ANCC's Content Integrity Standards \(1-1-13 updated 5-1-13\)](#))

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.

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

Yes       No

**If yes**, please 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 during the planning and implementation phases of an educational activity. The Nurse Planner will determine relevance and appropriate resolution.

### Section D: Statement of Understanding

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 given above.

\_\_\_\_\_ Click here to enter a date.

**Typed or Electronic Signature: Name and Credentials (Required)      Date**

Save as: COI Last name.docx

**-STOP-** The remainder of this form is to be completed by the Nurse Planner

### Section E: Conflict of Interest Resolution (to be completed by Nurse Planner)

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 a 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 the *Nurse Planner* and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator 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 the *Nurse Planner* and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, *AND* reviewing participant feedback to evaluate for commercial bias in the 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 F: Nurse Planner Signature**

**The Nurse Planners COI must be signed by another member of the planning committee.**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form.

\_\_\_\_\_ [Click here to enter a date.](#)  
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**Typed or Electronic Signature: Name and Credentials (Required)      Date**