



National Association of Orthopaedic Nurses (NAON) Congress Provider Unit Biographical and Financial Relationships Form



This form must be completed by all Continuing Nursing Education (CNE) activity planners, presenters, editors, authors, and reviewers.

Title of Educational Activity or Presentation						Education Activity Date	
Role in Educational Activity	<input type="checkbox"/> Planner	<input type="checkbox"/> Presenter	<input type="checkbox"/> Author	<input type="checkbox"/> Editor	<input type="checkbox"/> Reviewer	<input type="checkbox"/> Other	
If other, please describe:							

Section 1: Demographic Data

Name with Credentials/Degrees	Street address, city, state, zip code		
Email Address	Phone Number		
Current Employer	Position/Title		
Employer City	Employer State		

Section 2: Expertise – Planners/Presenters/Editors/Authors/Reviewers

Select area of expertise specific to the educational activity listed above:

<input type="checkbox"/> Knowledge about the nursing continuing education (CE) Process	<input type="checkbox"/> Previous presenter of CE activity
<input type="checkbox"/> Previous planner of CE activity	<input type="checkbox"/> Content expert (presenter)
<input type="checkbox"/> Other – Describe: <input type="text"/>	

* Any additional information that displays qualifications to be a CNE planner:

Section 3: Expertise – Planners/Presenters/Editors/Authors/Reviewers

Please describe expertise specific to the educational activity (e.g., education, professional achievements and credentials, work experience, honors, awards, professional publications, past presentations, etc.). **NOTE:** Do not attach Curriculum Vitae or resume to this form.

Section 4: Relevant Financial Relationship Disclosure

Each individual in a position to control or influence the content of an educational activity **must** disclose all relevant financial relationships with an ineligible company* regardless of the actual or perceived relevance to the content of the educational activity. The NAON Accredited Provider Program Director/Nurse Planner is responsible for evaluating the presence or absence of relevant financial relationships and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If a 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.

***Ineligible Company**, 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.

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant financial relationships**** with any ineligible company within the prior 24 months, 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 24 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity. When a person separates himself/herself of such a relationship, it ceases to be a conflict of interest, but it must be disclosed to the learners for 24 months after the termination of the relationship.

****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.

- 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, contracted research, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential, or perceived relevant financial relationship for yourself or spouse/partner related to this CNE activity?

☐ Yes ☐ No

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

Financial Relationship Categories *check all that apply	Ineligible Company NAME	Relevant Financial Relationship Termination date
<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		

☐ **By checking this box, I attest that in the past 24 months, I have not had any financial relationships with any ineligible companies.**

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

Section 5: Statement of Understanding

Selecting 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.

Signature ☐

Electronic Signature (required)

Name

Print Name and Credentials

Date

mm/dd/yyyy

The NAON Accredited Provider Program Director/Nurse Planner completes the remainder of the form.

Section 6: Relevant Financial Relationship Resolution *(if applicable for this CNE activity)*

Procedures the NAON Accredited Provider Program Director/ Nurse Planner used to resolve conflict of interest or potential bias if applicable for this activity. Check all that apply.

- ☐ Not applicable, there are no relevant financial relationships.
- ☐ 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 the Nurse Planner and/or member of the planning committee to evaluate for 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 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 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 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:

NAON Accredited Provider Program Director/Nurse Planner Signature

Selecting the box below serves as the electronic signature of the NAON Provider Unit Lead Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Signature ☐

Electronic Signature (required)

Name

Print Name and Credentials

Date

mm/dd/yyyy