Title of the Activity: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Role in Educational Activity (check all that apply): |
|  |  | **[ ]**  Nurse Planner**[ ]**  Content Expert**[ ]**  Faculty/Presenter/Author**[ ]**  Content Reviewer**[ ]**  Other – Describe: Click or tap here to enter text. |
| Activity Date |

**Section 1: Demographic Data**

|  |  |  |
| --- | --- | --- |
| Name with Credentials/Degrees: |  | If RN, Nursing Degree(s): **(check all that apply)****[ ]** AD **[ ]** Diploma **[ ]** BSN **[ ]** Masters **[ ]** Doctorate |
| Email: |  |
| Title/Position: |  | Phone: |  | EX**:** |  |
| Address: |  | State: |  | ZIP: |  |
|  |  |  |  |  |  |

**Section 2: Orientation and Expertise of Nurse Planner and Content Expert**

If you are the **Nurse Planner**:

1. Indicate the ways(s) you were oriented to the current ANCC/LSNA accreditation standards and criteria for planning, implementing, and evaluating continuing nursing education activities:

|  |  |  |
| --- | --- | --- |
| **[ ]**  | Attended an LSNA training for Nurse Planners (mm/yy): |  |
| **[ ]**  | Reviewed the LSNA *Individual Education Activity Application* and *Instructions* documents. |
| **[ ]**  | Reviewed reference materials/sample completed forms on the LSNA website. |
| **[ ]**  | Conversation with LSNA staff, Nurse Peer Reviewer, or LSNA Nurse Peer Review Leader |
| **[ ]**  | Served on the planning committee for another program with an experienced Nurse Planner  |
| **[ ]**  | Other (explain): |  |

1. Briefly describe your education/experience in **planning** educational programs, including any experience with the Nurse Planner role:

 If you are the **Content Expert** for the activity:

1. Briefly describe your relevant education and or professional experience:

***NOTE***: *Please summarize information from the curriculum vitae (CV) in* ***lieu of attaching the entire document.*** *If description does not provide adequate information, additional documentation may be requested.*

**Section 3: Expertise of…**

**Planning Committee Member**, **Presenter/Faculty/Author,** or **Content Reviewer**

1. Briefly describe your education/experience in teaching, presenting, developing, and/or reviewing educational program materials: Click or tap here to enter text.

**Section 4: Actual, Potential, & Perceived Conflict of Interest**

The potential for **Conflict of Interest (COI)** 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.

**Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors, or content reviewers prior to the start of the educational activity.**

Each individual who is in a position to control or influence the content of an education activity must disclose all ***relevant relationships*** with any ***commercial interest***, including, but not limited to, members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

***Commercial Interest****, as defined by ANCC, is any entity producing, marketing, re-selling, or distributing healthcare goods / services consumed by, or used on, patients, or an entity that is owned, or controlled by an entity, that produces, markets, re-sells or distributes healthcare goods / services consumed by, or used on, patients.* ***Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests.***

***Relevant Relationships****, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization; the products or services of which are related to the content of the educational activity.*

**An individual’s spouse/partner relationship with any commercial interest may be a relevant relationship 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)

* Grants
* Contracts
* Other financial benefit directly, or indirectly, from the commercial interest.

**Financial benefits may be associated with:**

* Employment
* Management positions
* Stockholder
* Independent contractor relationships (including contracted research)
* Other contractual relationships
* Consulting
* Speaking
* Teaching
* Membership on an advisory committee or review panel
* Board membership
* Other activities from which remuneration is received or expected.

**Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds while the individual is the principal or a named investigator on the grant.**

* Individuals found to have a COI **are not eligible** to serve as a/the Nurse Planner, but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI.
* Employees, or representatives of a commercial interest, **may not** serve as a Planner of an educational activity; although they may be eligible to serve as faculty if measures are taken to resolve any potential COI.

**Over the past 12 months, have you, or your spouse/partner, had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that will plan/present for this activity?** **[ ]** No **[ ]** Yes

**If yes,** provide details of the relationship below (check all that apply):

|  |  |  |
| --- | --- | --- |
|  | Category | Description |
| **[ ]**  | Employee/Salary (salesperson, marketing, education) |  |
| **[ ]**  | Royalty |  |
| **[ ]**  | Stockholder |  |
| **[ ]**  | Research Support |  |
| **[ ]**  | Speakers Bureau |  |
| **[ ]**  | Consultant |  |
| **[ ]**  | Other: |  |

**Section 5: Statement of Understanding**

I have taken every precaution to ensure the presentation identified above will be evidence-based or based on the best available evidence; free from bias and promotion.

**[ ]  Electronic Signature:** An ‘X’ serves as the electronic signature of the individual completing this Biographical/COI Form and attests to the accuracy of the information given above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name and Credentials (required)** |  | **Date** |

**Section 6: Conflict Resolution**

**\*\*To be completed by Nurse Planner\*\***

\*\*(Unless this form is **for** the activity **Nurse Planner**, an individual **other than the Nurse Planner** must review)\*\*

The **Nurse Planner** is responsible for ensuring completion and review of Biographical Data/COI Forms completed by each planner, presenter/faculty/author, and content reviewer; to ensure appropriate qualifications and document evaluation of actual, or potential, bias, and COI.

**[ ]**  Not applicable – no relationship with a commercial interest was disclosed.

**[ ]**  Not applicable - relationship disclosed were found not to be ‘relevant relationship(s)’*(explain in notes below)*

**[ ]**  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 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: Click or tap here to enter text.

**Notes:** Click or tap here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nurse Planner Signature**\*\*(If form is for the activity **Nurse Planner**, an individual **other than the Nurse Planner** must sign)\*\***[ ]  Electronic Signature:** An ‘X’ serves as the electronic signature of the Nurse Planner, or individual, reviewing the content and attests to the accuracy of the information given on this Biographical/COI Form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name and Credentials (required)** |  | **Date** |

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