**Society of Trauma Nurses**

**Conflict of Interest Form**

**STN Educational Activity: (Check all that apply)** Educational Activity Year:

 [ ]  ATCN

 [ ]  TOPIC

 [ ]  Optimal

 [ ]  Certification Preparation Course

 [ ]  Invited Speaker/Presenter/Author Educational Activity Date:

 [ ]  EAST

 [ ]  Annual Conference

 [ ]  Webinar

 [ ]  Pediatric Society Conference

 [ ]  Other-Describe:

**Role in Educational Activity: (Check all that apply) Committee Membership (Check all that apply)**

[ ]  Nurse Planner [ ]  CEPU

[ ]  Content Expert [ ]  ATCN

[ ]  Faculty/Presenter/Author [ ]  TOPIC

[ ]  Content Reviewer [ ]  Optimal

[ ]  Other – Describe:                      [ ]  Annual Conference

 [ ]  EAST

 [ ]  Leadership

 [ ]  Certification Course

 [ ]  Marketing

 [ ]  Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If RN, Nursing Degree(s):       AD       Diploma       BSN       Masters       Doctorate

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer and Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: 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 <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf> )

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, potential or perceived 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 |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\* \*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 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**

**Section 4: Conflict Resolution (to be reviewed by STN Staff first. If there is any conflict of interest listed in Section 2 this document is to forwarded to Lead Nurse Planner). If there is no conflict of interest listed in Section 2, STN Education staff is to check the Not applicable box below and Sign and Date in Signature section below.**

**Or document separately**

1. 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 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:

**If there is no conflict of interest noted in Section 2, STN Education staff is to sign below:**

Completion of the line below serves as the electronic signature of the STN staff reviewing the content of this Biographical/Conflict of Interest Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Lead Nurse Planner Signature (\*If conflict of interest is indicated in Section 2 the Lead Nurse Planner is responsible for resolving the conflict of interest or potential bias and signing below. If the conflict of interest or bias is documented by the Lead Nurse Planner then the appropriate educational program Nurse Planner must resolve the conflict of interest or potential bias and review and sign).**

Completion of the line below serves as the electronic signature of the STN staff or Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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