

The University of Mississippi Medical Center School of Nursing

Continuing Education

Conflict of Interest Form

Attachment 4

Title of Educational Activity: _____

Education Activity Date: _____

Name and Credentials: _____

Role in Educational Activity: (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other – Describe: _____

Phone Number: _____

Email Address: _____

Current Employer and Position/Title: _____

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. 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.

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

_____ Yes _____ No

If yes, complete the following table 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 prior to the planning, implementation, or evaluation of the continuing nursing education activity by the Director of Continuing Education.**

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