

To be completed by Nurse Planner or Designee



Individual's prospective role(s) in NCPD activity:

Approved Education Disclosure Form

This document must be completed electronically. THIS FORM IS TO BE USED ONLY IF AN INDIVIDUAL IS ASSOCIATED WITH AN INELIGIBLE **COMPANY**

Name of Individual:		Identifythe prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)	
Title of NCPD Activity: 12 th Annual ASPN Multidisciplinary Symposium Date and location of Education: November 7-8, 2024/ Virtual		□ Nurse Planner □ Content Expert □ Teacher, Instructor, Faculty □ Author, Writer □ Reviewer	
To be Completed by Planner, Faculty, or Others Who May Control Educational Content Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.			
Enter the Name of Ineligible Company An ineligible company is any entity whoseprimary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companiesvisit accme.org/standards.	Enter the Nature of Financial Relationship Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patentbeneficiary, executive role, and ownership interest. Individualstocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.		Has the Relationship Ended? If the financial relationship existedduring the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company			
☐ In the past 24 months, I have not ha	nd any financial relatio	nships with any ineligible compani	es.
I attest that the above information is correct as of this date of submission. Signature: dapted from the Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education © 2020 by the Accreditation Council			

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