

## Faculty Disclosure and Content Validation

Name: \_\_\_\_\_

Your role in the activity:  Presenter  Planning Committee  Moderator  Content Expert  Author

Title of Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Topic of Presentation: \_\_\_\_\_

In compliance with ANCC Standards for Commercial Support, everyone in a position to control the content of the educational presentation must disclose their relevant financial relationships with commercial interests.

\*Relevant financial relationships are defined as financial relationships in any amount within the past 12 months.

**Refusal to disclose prohibits participation.**

Yes  No

Currently in the last 12 months, have you (or your partner/spouse) had a financial relationship with a commercial interest. This is defined as any entity either 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)

If you checked "yes" above, please list all financial relationships with commercial interests which have occurred within last 12 months	
Affiliation/Financial Interest	Name of Commercial Interest
1. Grant/Research Support	
2. Consultant	
3. Speaker's Bureau	
4. Stockholder or other ownership interest	
5. Board Member	
6. Other Financial or Material Support	
<input type="checkbox"/> Yes <input type="checkbox"/> No I plan to discuss off-label uses of products and/or medical devices in my presentation. If yes, please explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I plan to discuss unpublished research in my presentation. If yes, please explain.	

**Content validation: My presentation:**

1. Is based on best-available evidence;
2. Has been presented without promotion or bias; and
3. Is free of commercial control.

**Disclosure:** I understand my disclosure will be communicated to the participants of this educational activity.

**Copyright:** Any materials provided by me for use as handouts is my original material and, if not, I have been granted permission to use it.

**Attestation:** I attest that any relationships/affiliations will have no bias or otherwise influence my involvement in the activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I am providing my electronic signature approving all the information entered above.