

Nephrology Nursing Journal

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Nephrology Nursing Journal

American Nephrology Nurses Association (ANNA) BIOGRAPHICAL & CONFLICT OF INTEREST

Title of Article _____

Date _____

Role in Educational Activity (Check all that apply)

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

Section 1: Demographic Data

Name and Credentials

Name with Credentials/Degrees _____

If RN, Nursing Degree(s)

AD _____

Diploma _____

BSN _____

Masters _____

Doctorate _____

Address Information

Preferred Mailing Address _____

Home

OR

Work

Company (if using work address) _____

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Current Employer and Position/Title _____

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Section 2: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (In lieu of providing this information, you may submit a current curriculum vita.)

Section 3: 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.

It is the responsibility of the provider American Nephrology Nurses Association (ANNA) to insure balance, independence, objectivity, and scientific rigor in all its CE activities. All faculties participating in an ANNA CE activity are expected to disclose to the learner any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CE activity. Potential conflicts and financial relationships are provided in writing to the learner. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation. This policy is not intended to prevent a presenter with a potential conflict of interest from making a presentation. However, any potential conflict should be identified openly, with full disclosure, so that the learner may form their own judgments about the presentation. The learner will determine for themselves whether the presenter's outside interests may reflect a possible bias in either the exposition or the conclusions presented. ANNA does not assume that the existence of these interests or commitments necessarily implies bias or decreases the value of your participation. All learning activities are reviewed by the Nurse Planner to ensure a broad inclusiveness of the topic; that no trademark or branding information is present and that the presentation is unbiased.

Presenters must abide by the following standards:

Faculty use of generic names will contribute to a balanced view of therapeutic options. If trade names are used, several companies should be identified rather than a single supporting company. No commercial branding or company logos can appear in the handouts or presentation.

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
<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.

Section 4: 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 & Credentials (Required)	Date
_____	_____

Authors: Do not proceed beyond this page. Thank you for providing your information.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

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 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: _____

Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

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

Typed or Electronic Signature: Name & Credentials (Required)	Date
_____	_____