Approved Education Disclosure Form

*This document must be completed electronically.*

NOTE TO NP: This form is to be completed for EVERY Individual involved with educational activity. If any relevant financial relationships with ineligible companies are identified, please utilize the mitigation worksheet to determine mitigation strategy. This is to be placed on the attached form indicating which mitigation strategy is utilized. Individual and Nurse Planner MUST sign and date! Nurse Planner can not attest own disclosure.

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| ***Name and Credentials:***  **Name of Individual:**    **Title of NCPD Activity:**    **Date and location of Education**    **copy of one completed Financial Disclosure Form only** | ***Individual’s prospective role(s) in NCPD activity: Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)***  **Nurse Planner  Content Expert**  **Planning Committee**  **Teacher, Instructor, Faculty  Author, Writer**  **Content Reviewer** |

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| ***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 |

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| **Enter the Name of Ineligible Company**  An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit [www.accme.org/standards](http://www.accme.org/standards)  Add each individual’s name here (to table) | **Enter the Nature of Financial Relationship**  Examples include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest). Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed. | **Has the Relationship Ended?**  If the financial relationship existed during 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. |
| **ABC Company** | **Consultant** |  |
|  |  |  |
| **In the past 24 months, I have not had any financial relationships with any ineligible companies.** |  |  |
| **I attest that the above information is correct as of this date of submission. SIGNATURE OF INDIVIDUAL:** | | **DATE:** |
| **I attest that I have reviewed the above information and provided action as applicable.**  **SIGNATURE OF NURSE PLANNER:** | | **DATE:** |

Adapted from the Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education © 2020 by the Accreditation Council for Continuing Medical Education (ACCME®)