



“DISCLOSURE FORM FOR FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES”

Activity Title: Nursing Research on the Green Date(s): May 5th, 2023

Name & credentials: Employer:
Position/Job Title: Email address:

Individual’s role(s) in this Educational Activity: (check ALL that apply):

- Subject Matter Expert (aka “Content Expert”)
Presenter
Content Developer of Written or Online Material
Planning Committee Member
A Reviewer of Content
The Nurse Planner Responsible for Using ANCC-WNA Criteria
Other faculty in control of content (describe):

Information: The Standards for Integrity and Independence (www.accme.org/standards) aim to protect the learning environment from industry influence. The Standards require information about all financial relationships with “ineligible companies” be collected from all who control the content of approved, for-credit continuing education.

Instructions: Please disclose below all financial relationships that you have had in the past 24 months with ineligible companies. 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; disclose all financial relationships, regardless of the amount, with ineligible companies.

1. Are you an employee or owner of an Ineligible Company? (See definition in the table below, column 1.)
[] No [] Yes Company name: [] Owner [] Employee

2. Over the past 24 months, have you had any other financial relationship with an Ineligible Company? (See definition in the table below, column 2.)
[] No [] Yes Provide details below. (Use an additional page if needed.)

Table with 3 columns: 'Ineligible Company', 'Financial Relationship', and 'Check this column if the financial relationship has existed anytime within the past 24 months but has ended and no longer exists.' Includes an example row for ABC Pharmaceuticals.

Presenter/Clinical Content Developer Attestation: Do you attest that the content for this educational activity is based on current science, evidence, and clinical reasoning; gives a fair and balanced view of diagnostic and therapeutic options; and supports safe, effective patient care?

- YES Check the “Yes” box and sign below if you so attest. If no, contact the Nurse Planner to discuss.
N/A Content is not clinical in nature or my role is not presenter/clinical content developer.

By my signature, I attest to the integrity of the educational content and that all the information above is complete and accurate as of this date.

* Signature: Name (Required)

Date (Required)

* Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures. Thank you.