**Society of Gastroenterology Nurses and Associates**

**Biographical Data and Conflict of Interest Form**

**Complete ALL SECTIONS of this form**. Do not attach any additional material (e.g., curriculum vitae)

**TITLE OF EDUCATION AL ACTIVITY:**

**DATE OF EDUCATIONAL ACTIVITY:** .

**Identify role in this activity** by checking the appropriate role below.

[ ]  Faculty/Presenter/Author [ ]  Nurse Planner

[ ]  Other – Describe: [ ]  Planning Committee Member

**Section 1: DEMOGRAPHIC DATA**

**Name with degrees & credentials:**

If RN, Nursing Degree(s): [ ] AD [ ] Diploma [ ] BSN [ ] Masters [ ] Doctorate

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Address** |   | **City, State Zip** |   |
| **Preferred Phone** |   | **Email Address** |   |
| **Present Position (title)** |   | **Employer** |   |
| **Employer City** |   | **Employer State** |   |

***Only complete for nurse planner or members of the planning committee***

**Section 2: EXPERTISE – PLANNING COMMITTEE**

**Identify the area of expertise specific to the educational activity listed above.**

[ ]  Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

[ ]  Content Expert

[ ]  Other (ex. planning committee)

**Please describe expertise and years of training specific to *planning* the educational activity listed above.** Note that if the description of expertise does not provide adequate information, the SGNA Approver Unit may request additional documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Only complete for faculty/presenter/author***

**Section 3: EXPERTISE – PRESENTER/FACULTY/AUTHOR**

**Please describe expertise and years of training specific to the *topic being presented on* in the educational activity listed above (e.g., education, work experience, honors, professional publications)** Note that if the description of expertise does not provide adequate information, the SGNA Approver Unit may request additional documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: CONFLICT OF INTEREST**

Each individual who is in a position to control the content of a continuing education activity must disclose all relevant relationships with any entity in a position to benefit financially from the success of this CE activity. Examples of relevant relationships include (but are not limited to) those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit related to this particular CNE activity.

Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the individual involved in this continuing nursing education activity to include financial relationships of the individual’s spouse/partner.

ANCC considers relationships occurring within the 12 months prior to the implementation date of this activity as “relevant” to conflict of interest. When a person separates from such a relationship, it ceases to be a conflict of interest but it must be disclosed to the learners for 12 months after the termination of the relationship.

All information disclosed must be shared with the participants/learners on program handouts, advertising and/or audiovisual presentation.

 **Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner related to this CNE activity?**

 [ ]  Yes [ ]  No

**If YES,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |
| --- | --- | --- |
| **Check all that apply** | **Category** | **Description (company)** |
| [ ]  | Salary |       |
| [ ]  | Royalty |       |
| [ ]  | Stock |       |
| [ ]  | Speakers Bureau |       |
| [ ]  | Consultant |       |
| [ ]  | Other |       |

 \*\***NOTE:** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of

 the continuing nursing education activity.

**Section 5: CONFLICT RESOLUTION**

Procedures that the Nurse Planner used to resolve conflict of interest or potential bias (if applicable for this activity).

 **NOTE: This section is to be completed by the Nurse Planner.**

**Check all that apply, select at least one.**

[ ]  Not applicable, no conflict of interest exists for this CNE activity.

[ ]  Remove individual with conflict of interest from participating in all parts of the CNE activity.

[ ]  Revise the role of the individual with conflict of interest so the financial relationship is no longer relevant.

[ ]  Not awarding contact hours for a portion or all of the CNE activity.

[ ]  Content for the CNE activity evaluated for bias and activity will be monitored to evaluate for commercial bias.

[ ]  Other - Describe:

**Section 6: STATEMENT OF UNDERSTANDING**

 An “X” in the box 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. The individual completing the form is the planner/presenter whose name is listed at the top of the form.

[ ]  **Electronic Signature (Required) Date:**  .

**Print Name and Credentials:**

RE **NOTE: NURSE PLANNER SIGNATURE REQUIRED**

 An “X” in the box signifies as the electronic signature of the CNE Activity Nurse Planner reviewing the content of this biographical data and conflict of interest form. *Nurse planners cannot attest their own form.*

[ ]  **Electronic Signature (Required) Date:**  .

**Print Name and Credentials:**  .