**Society of Gastroenterology Nurses and Associates**

**REQUIRED DISCLOSURES TO PARTICIPANTS**

Required disclosures are to be done at the beginning of the learning activity. You may do this in writing or verbally. The following disclosures are required:

1. Successful completion of the activity which includes but not limited to;
   1. sign-in process
   2. attendance at the entire program or partial attendance
   3. return demonstration, if applicable
   4. successful completion of post-test, if applicable
   5. completion of an evaluation tool
2. Presence or absence of Conflict of Interest
   1. For all planners and presenters
   2. Resolution of any conflicts.
3. Approval Statement
4. If applicable,
   1. Commercial Support and how you maintained program integrity.
   2. Expiration of enduring materials
   3. Joint Providership

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**The following are EXAMPLES of statements that can be made:**

1. **Successful Completion of this Continuing Nursing Education (CNE) Activity**

In order to receive full contact hour credit for this CNE activity, you must:

1. Be registered for this activity
2. Sign-in for the activity
3. Be present no later than 10 minutes after the starting time
4. Remain until the scheduled ending time, and
5. Complete the evaluation.

Partial credit may be awarded for attendance. Contact the Nurse Planner for information.

**2. Conflict of Interest** (One of the following two statements MUST be made):

1. The planners and presenters of this CNE activity have disclosed no relevant financial relationship with any commercial interest entities pertaining to this activity.
2. The following planners or presenters [*list names and area of conflict*] had a potential conflict of interest which has been resolved.
3. **Approval Statement**

This continuing nursing education activity was approved by the Society of Gastroenterology Nurses and Associates, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

1. **Commercial Support, if applicable**

There is commercial support for this educational activity from the *(Name of Commercial Support entity provider)* in the form of *(in-kind or financial support).*

1. **Expiration date of enduring materials, if applicable**

This educational activity will expire on *(date of expiration)*. Contact hours will not be awarded after this date.

1. **Joint Providing, if applicable**

This educational activity is being jointly provided by (*name of SGNA Region and joint providing organization(s).*