



Montana Nurses Association Conflict of Interest Form



Section 1: Demographic Data

Name: _____ Credentials/Degrees: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Title of Educational Activity: _____ Educational Activity Start Date: _____

Role in Educational Activity: (Check all that apply)

- Nurse Planner (*must have a minimum of a baccalaureate degree in nursing*)
- Content Expert
- Other Planning Committee Members
- Faculty/Presenter/Author
- Content Reviewer - *Used to review and validate content after planning (not a member of the planning committee)*

Section 2: Conflict of Interest

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. ([See content integrity standards by clicking here](#))

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. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

***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.

Is there a financial relationship (current or within the past 12 months) with a commercial entity for **yourself or your spouse/partner?**

Yes

No

If **yes**, please explain the financial relationship in the table below:**

Category (Check all that apply)	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 relevant relationships must be disclosed and any conflicts of interest resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature (Required)

Date

STOP

Section 4 for **nurse planner use only** (or accountable person if nurse planner completed sections 1-3)

Section 4: Conflict Assessment & Resolution

As the nurse planner, please use the following steps to help describe your determinations.

- CONFLICT OF INTEREST ASSESSMENT:** Does the individual have any financial relationships to report? **Yes** or **No**
- If **no to Question 1**, there is no conflict of interest, please skip to signature box.
If **yes to Question 1**, does the organization with which the person has a relationship market, sell, or produce products consumed by or used on patients? **Yes** or **No**
Please list any additional notes here:
- If **no to Question 2**, there is no conflict of interest, please skip to signature box.
If **yes to Question 2**, the organization is a commercial entity; does that commercial entity market, sell, or produce products related to the topic of this activity or the person's session?
Yes or **No**
Please list any additional notes here:

4. If **no to Question 3**, there is no conflict of interest, please skip to signature box.
 If **yes to Question 3**, the individual does have a conflict of interest. Please select or describe an appropriate resolution for the conflict of interest on the next page:
- 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 the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the 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 Conflict of Interest Form and making the above determinations for conflict of interest.

Typed or Electronic Signature (Required)

Date

Section 5: Bias Protection

While bias is totally separate from COI, this is an opportunity to identify the potential for bias and describe how you will manage it.

Are you concerned about the individual having bias or promoting specific items or information (i.e., a book they've written or a specific procedure they favor?)

Yes or **No**

If yes, please list any way(s) you plan to ensure fair and balanced content for this activity: