Approved Education Financial DisclosureForm

This document mustbecompletedelectronically.

To be completed by Nurse Planner or Designee	*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)*
Name and Credentials of Individual: _____	☐ **Nurse Planner (only one nurse planner / activity)**
Title of NCPD Activity:	☐ **Content Expert**
	☐ **Teacher, Instructor, Faculty, Presenter**
Date and location of Education:	☐ **Author, Writer**
Location:	☐ **Reviewer**
	☐ **Planning Committee Member**

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.

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 **accme.org/standards**.	**Enter the Nature of Financial Relationship** Examples of financial relationships 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 should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	**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.
Example: 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. Date

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