



“DISCLOSURE FORM FOR FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES”

Name & Credentials: _____ Organization: _____
 Position/Job Title: _____ Email address: _____

Course Name or Webinar/Activity Title:	Introduction to Team-Based Care	Patient Engagement
	Foundational Care Management Codes & Billing	
	Other: _____	Date(s): _____
Individual's role(s) in this Educational Activity: <i>(check ALL that apply):</i>		
<input type="checkbox"/>	Subject Matter Expert (aka “Content Expert”)	<input type="checkbox"/> A Reviewer of Content
<input type="checkbox"/>	Presenter	<input type="checkbox"/> The Nurse Planner Responsible for Using ANCC-WNA Criteria
<input type="checkbox"/>	Content Developer of Written or Online Material	<input type="checkbox"/> Other faculty in control of content (describe): _____
<input type="checkbox"/>	Planning Committee Member	

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. Refusal to provide this information disqualifies an individual from participating in approved, for-credit, continuing education. Please contact us if you have any questions about the Standards or why we must collect this information.

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. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

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.)

“Ineligible Company”	“Financial Relationship”	Check this column if the financial relationship has existed anytime within the past 24 months but has ended and no longer exists.
Any organization or subsidiary whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used on or by patients.	Examples include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, ownership interest, and any other activities from which remuneration is received or expected. <ul style="list-style-type: none"> • Individual stocks/stock options must be disclosed; diversified mutual funds do not need to be disclosed. • Research funding from ineligible companies must be disclosed by the principal or named investigator even if that person’s institution receives the research grant and manages the funds. 	
Name of Ineligible Company	Relationship(s) with Ineligible Company	Check if ended
Example: ABC Pharmaceuticals	Consultant	

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.