**Note for Primary RN Planner-** You may use this template to collect all relevant financial relationships of prospective planners, faculty, and others who may control educational content before they assume their role in the education. Or, you may describe a process that takes the place of using this form.

**Section 1: To be completed by Nurse Planner or designee**

|  |  |
| --- | --- |
| **Name of Individual /credentials**Click or tap here to enter text.**Title of Activity (if applicable)**Click or tap here to enter text.**Date and location of activity** Click or tap here to enter text. **or****Dates this form is valid (see note above)**Click or tap here to enter text. | **Prospective Role in Educational Activity: (Check all that apply)**[ ]  Nurse Planner (must have an unrestricted nursing license and 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)[ ]  Other: Click or tap here to enter text. |

**S****ection 2: To be Completed by Nurse Planner, Faculty, or Others Who May Control Educational Content**

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| **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 www.accme.org/ standards | **Enter the Nature of Financial Relationship** Examples 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 **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 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. |
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| [ ]  **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.**  **Signature:** Click or tap here to enter text. **DATE:** Click to enter a date. (Typing your name in the box above qualifies as your electronic signature) |

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.