**Relevant Financial Relationship Disclosure Form**

**Based on Standards for Integrity and Independence in Accredited Continuing Education**

**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. Refer to the “Identification of Relevant Financial Relationships Algorithm” for assistance in completing form found [here](https://www.forensicnurses.org/page/CEApproverFAQs) under “resources.”

|  |  |
| --- | --- |
| Title of Activity | Date & Location of Activity |
| Click or tap here to enter text. | Click or tap here to enter text. |

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

**Prospective Roles in Educational Activity** (Individuals can hold more than one) -

* Nurse Planner-**Must** have an unrestricted nursing license and a minimum of a baccalaureate degree in nursing
* Content Expert
* Planning Committee Member
* Faculty/Presenter/Author
* Content Reviewer-Used to review and validate content after planning (not a member of the planning committee)
* Other: *List Role*

|  |  |  |
| --- | --- | --- |
| ID # | Individual Name & Credentials | Prospective Role in Educational Activity |
| *1* | *Example: Jane Smith MSN RN SANE-A SANE-P* | *Nurse Planner* |
| *2* | *Example: Sarah Jones MSN RN SANE-P* | *Content Expert, Presenter* |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. |
| 6 | Click or tap here to enter text. | Click or tap here to enter text. |
| 7 | Click or tap here to enter text. | Click or tap here to enter text. |
| 8 | Click or tap here to enter text. | Click or tap here to enter text. |
| 9 | Click or tap here to enter text. | Click or tap here to enter text. |
| 10 | Click or tap here to enter text. | Click or tap here to enter text. |
| 11 | Click or tap here to enter text. | Click or tap here to enter text. |
| 12 | Click or tap here to enter text. | Click or tap here to enter text. |

**Section 2: To be completed by Nurse Planner, Faculty, or others who may control educational content**   
  
Please disclose all financial relationships that you and other individuals controlling content 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.

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](http://www.accme.org/standards).

**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 principle or named investigator even if that individual’s institution receives the research grant and manages the funds.

In the past 24 months, no individual with a prospective role listed above have had any financial relationships with any ineligible companies. (If selected, go straight to section 3)

In the past 24 months, an individual with a prospective role listed above has had financial relationships with ineligible companies. (If selected, complete table below and sign section 3, and proceed to section 4)

|  |  |  |  |
| --- | --- | --- | --- |
| ID # of Individual with Relationship | Enter the Name of Ineligible Company | Enter the Nature of Financial Relationship | Relationship Ended within Past 24 Months |
| *1* | *Example: ABC Company* | *Consultant* |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |

**Section 3: Statement of Understanding**    
  
Completion of the line below serves as the electronic signature of the Nurse Planner disclosing relationships of all individuals with prospective roles in the education activity, and attests to the accuracy of the information given above as of the signed date.

**Signature**: Click or tap here to enter text. Date: Click or tap here to enter text.

Section 4: Nurse Planner Determination of Relevancy & Mitigation

**Step 1: Review collected information about financial relationships.**

*Exclude owners or employees of ineligible companies from participating as planners or faculty.*

There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:

1. When the content of the activity is not related to the business lines or products of their employee/company.
2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

**Step 2: Determine relevant financial relationships.**

Financial relationships are relevant if all of the following three conditions are met for the individual who is able to control content:

1. A financial relationship, in any amount, exists between the person in control of content and an ineligible company.
2. Content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
3. The financial relationship existed during the past 24 months.

**Step 3: Choose a mitigation strategy for each relevant financial relationship and implement that strategy before the individual assumes their role.**

Mitigation steps for planners (choose at least one)

* Divest the financial relationship (Examples: sell/transfer stock, resign from role)
* Recusal from controlling aspects of planning and content with which there is a financial relationship
* Peer review of planning decisions by person without relevant financial relationships
* Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature)
* Use other methods—make sure you describe the method

**Nurse Planner, does any individual in a position to control content have a relevant financial relationship with an ineligible company?**

No, sign section 5

Yes, complete table below with mitigation steps and sign section 5

|  |  |  |  |
| --- | --- | --- | --- |
| ID # of Individual with Relationship | Relevant Financial Relationship | Step(s) Taken to Mitigate Relevant Financial Relationship | Date Implemented |
| 1 | Example: ABC Company | Presentation reviewed by Nurse Planner, and content is unbiased | July 15, 2023 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section 5: Nurse Planner Verification  
*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign this section of the form.*

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this form, and attests to the accuracy of the form as of the signed date.

**Signature**: Click or tap here to enter text. Date: Click or tap here to enter text.