**Financial Relationship Form** - Assessment of financial relationships is ***required***for everyone involved in your educational activity. **Completion of the** **document**is mandatory for the following: Activity Nurse Planner and Content Expert/Presenters. Proceed to the assessment document to determine any other potential financial relationships for members of you planning committee and speakers. If a financial relationship is determined, then **completing the Financial Relationship form** **document**is required. (e.g., planners, presenters, faculty, authors, and/or content experts and reviewers)

**[Template Available online](https://s3.amazonaws.com/nursing-network/production/files/110632/original/Financial_Relationship_Form_v5.2022.docx?1653589818)**

**DIRECTIONS:** ***Type information directly into the space provided or type an ‘X’ in the appropriate box to indicate your response. Save the completed form to your computer.***

**Section 1: Demographic Data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & **Credentials**: | |  | | |
| Present Position: | |  | | |
|  | | *(Job title, employer, city, state)* | | |
| Mailing Address: | |  | | |
| Phone: |  | | Email: |  |

***TIP*:** *The Northeast MSD reserves the right to ask for information on how the presenter’s qualifications were validated.*

**Section 2: Individual’s role(s) in this Educational Activity: (*Check all that apply*)**

Presenter/Faculty/Author

**Section 3: Financial Relationship with an Ineligible company (**[**see evaluation flow chart)**](https://s3.amazonaws.com/nursing-network/production/files/110789/original/Financial_Identification_Mitigation_Disclosure_Determination_Algorithm_v5.2022.pdf?1654022454)

**Over the past 24 months, have you had a financial relationship with an Ineligible company whose products or services may be relevant to the educational content that you will plan/present for this activity?**

**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.**

In the past 24 months I **HAVE** **NOT** had any financial relationships with ineligible companies/organizations

1. *Sign and date Section 4 of the form and submit*

In the past 24 months I **HAVE (HAD)** a financial relationship with an ineligible company/organization

1. *Please list all financial relationships below and 2) sign and date Section 4 of the form and submit*

|  |  |
| --- | --- |
| **Name of Ineligible Company/Organization** | **Nature of Financial Relationship** |
| ***Ineligible Company/Organization****, as defined by ANCC, is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, and its subsidiaries.* For specific examples of ineligible companies visit [www.accme.org/standards](http://www.accme.org/standards) | *Examples of financial relationships include owner/employee, researcher, consultant, advisor, speaker/speakers’ bureau, stockholder (yes, includes individual stocks and stock options; no, does not include diversified funds) independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. 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.* |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 4: Attestation and Signature**

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual listed in Section 1 completing this **Determination of Financial Relationship Form** and attests to the accuracy of the information given above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Credentials (Required):** |  | **Date:** |  |

NOTE:

**That’s it for the Financial Relationship Form – required for all primary authors!**

After completing the online submission, email this completed form (to remain in Word format) along with your one page abstract.

Submissions will be reviewed late June/early July; acceptances will be notified late July/early August.

If you have any questions regarding the Call for Abstract process, please contact Julie Nelson Basol, Director: <mailto:NursingResearchSym@gmail.com> or call 802.598.7424.

**The DEADLINE for responding to the Call for Abstracts is Tuesday, June 18, 2024.**

**Abstract and Financial Relationship Form must be received by that date as well.**

**Section 5: Planning Committee Member Conflict Mitigation Review**

The Nurse Planner or member of the planning committee is responsible for ensuring completion and review of the **Determination of Financial Relationship Form** by each planner, presenter/faculty/author, and content reviewer, to document evaluation of all relevant financial relationships.

**Procedures used to mitigate financial relationships or potential bias if applicable for this activity:**

**Nurse Planner mitigation of relevant financial relationships**-*Check all that apply:*

Not Applicable-Relationship(s) disclosed were found not to be ‘relevant relationship(s)’ *(explain in Notes below)*

**Relevant relationship(s) with an Ineligible company were identified**-**ACTIONS TO MITIGATE :**

☐Removed individual from participating in all parts of this education activity

Revised individual’s role in activity so the financial relationship was no longer relevant Not awarding contact hours for a portion or all of the education activity

Review of educational activity for evidence of integrity/absence of bias

Presentation will be monitored to evaluate for commercial bias *(document outcome in Notes)*

Participant feedback will be reviewed to evaluate for commercial bias in the activity *(document in Notes)*

Other procedure:

**NOTES:**

**Section 6: Nurse Planner Electronic Signature (\* If the form is for the Nurse Planner of the activity, an individual other than the Nurse Planner must review and sign the form)**

***An “X” in the box below serves as the electronic signature of the Nurse Planner or Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.***

**Name and Credentials (Required):**       **Date:**