

**APPENDIX A**

***Biographical Data Form (Bio Form)***

My role in this continuing education activity is as a (check all that apply):			
<input type="checkbox"/> Nurse Planner*	<input type="checkbox"/> Content Expert	<input type="checkbox"/> Planning Committee	
<input type="checkbox"/> Faculty/Presenter	<input type="checkbox"/> Reviewer	<input type="checkbox"/> Other (describe): _____	
Name, Degrees & Credentials:			
If an RN, Nursing Degree(s): AD, Diploma, BSN, Masters, Doctorate			
Home Address or Business Address			
City, State and Zip Code			
Day Telephone:		Fax Number:	
Email Address:			
Present Position (Title) & Employer:			
Describe professional experience or areas of expertise, which contribute to involvement. This might include your educational background, publications or experience. <u>Please do not attach resumes or CVs.</u>			
*NOTE: If you are the nurse planner, you must provide information about your expertise/education in adult education or adult learning.			

***Conflict of Interest Disclosure Statement***

The potential for conflict of interest exists when an individual has the ability to control or influence the CE content (either through planning, implementation or reviewing) and they have a financial relationship with a *commercial interest, the products or services of which are pertinent to the content of the educational activity.*

Do you have an actual or perceived conflict of interest for yourself or your spouse/partner?		Yes _____	No _____
If yes, describe potential conflict(s) of interest below:			
Salary			
Honorarium			
Royalty			
Stock			
Speaker's Bureau			
Consultant			
Other			
If yes, how will you disclose this information? (Ex. Information provided in hardcopy, electronic media, or other means)		_____	
<input type="checkbox"/>	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity.		
<input type="checkbox"/>	Date		
How will this potential conflict(s) of interest be resolved prior to the activity? (Check all that apply) <i>All conflicts of interest MUST be resolved PRIOR TO the implementation of the activity.</i>			
		Discussed conflict with Nurse Planner and agree to the Conflict of Interest policy.	
		Signed a statement that says speaker will present information fairly and without bias.	
		The Nurse Planner or designee will monitor the session/content to ensure no conflict of interest arises.	
		Other (describe):	

**Nurse Planner Review**

<input type="checkbox"/>	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity.		
<input type="checkbox"/>	Date		