**Doctors of Nursing Practice 8th National Conference, Seattle, WA, 9/16-18/2015**

**Biographical Data Form (Bio Form)**

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| My role in this continuing education activity is as a (check all that apply):      Nurse Planner\* XXX Content Expert       Planning CommitteeXXX Faculty/Presenter       Reviewer       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: Email Address:       |  | 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. Please do not attach resumes or CVs.\*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.**

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| 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) |       |
|       | 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. |
|       | Date |
| How will this potential conflict(s) of interest be resolved prior to the activity? (Check all that apply)*All conflicts of interest MUST be resolved PRIOR TO the implementation of the activity.* |
|       | 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**

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|       | 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.  |
|       | Date |