

**Conflict of interest Form (ALL INDIVIDUALS IN CONTROL OF CONTENT)**

**Commercial support** is financial or in-kind contributions given by a *commercial interest* that are used to pay for all or part of the costs of a CNE activity. A *commercial interest*, as defined by ANCC and WNA CEAP, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Individual Educational Activity applicants and Approved Providers (‘Activity Provider’) may accept commercial support for the educational activities they are developing. If commercial support is accepted, the following guidelines must be followed:

|  |  |
| --- | --- |
| **1.** | The Activity Provider is responsible for obtaining a signed Commercial Support Agreement from each commercial interest organization supporting the activity. The agreement must be signed by an individual legally authorized to enter into contracts on behalf of each organization. |
| **2.** | The Activity Provider is responsible for managing commercial support in adherence with ANCC criteria, including documenting how commercial support was used. |
| **3.** | No payments should be made by the commercial interest organization on behalf of the conference. All payments must be made by the Activity Provider. The commercial interest organization may request the Activity Provider submit a record of how commercial support funding was spent and may request unused funds be returned. |
| **4.** | The Activity Provider’s Nurse Planner is responsible for ensuring compliance with all standards set forth in ANCC’s Content Integrity Standards (found on the WNA CEAP website). |

**IMPORTANT NOTE:**

|  |  |
| --- | --- |
| **1.** | **Organizations providing commercial support may *not* provide or jointly-provide an educational activity.** |
| **2.** | **A commercial interest organization may not take part in or influence any aspect of the educational activity.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY PROVIDER:** | | |  | |
| **Title of Activity:** | | |  | |
|  | **IF LIVE,** | **Date(s) offered:** | |  |
|  | | **Location:** | |  |

|  |  |
| --- | --- |
| **Name of Commercial Interest Organization:** |  |
| **Total amount of Commercial Support:** |  |

|  |
| --- |
| *A commercial interest may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **The contribution from the commercial interest organization will be:** |  | **Unrestricted** | | |
|  |  |  | **Restricted\*** | | |
|  | **\* If restricted, identify how the support will be used:** |  |  | **Speaker honoraria** | |
|  |  |  |  | **Speaker expenses** | |
|  |  |  |  | **Meal** | |
|  |  |  |  | **Other:** |  |

|  |  |
| --- | --- |
| **TERMS AND CONDITIONS** | |
| 1. | All organizations *must* comply with the *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* available on the WNA CEAP web page. |
| 2. | This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest Organization providing financial or in-kind support. |
| 3. | The Activity Provider is responsible for all decisions related to the educational activity. The Commercial Interest Organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including:   * Assessment of learning needs * Determination of outcomes * Selection or development of content * Selection of planners, presenters, faculty, authors and/or content reviewers * Selection of teaching/learning strategies * Evaluation methods |
| 4. | The Activity Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria. |
| 5. | All commercial support associated with this activity will be given with the full knowledge and consent of the Activity Provider. No other payments shall be given to any individuals involved with the supported educational activity. |
| 6. | Commercial support will be disclosed to the participants of the educational activity. |
| 7. | Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STATEMENT OF UNDERSTANDING**  *The individuals signing this document must have the authority to enter into such an agreement on behalf of the organization.* | | | | | |
| **Commercial Interest Organization Name:** | |  | |
| Address: | |  | |
|  | |  | |
| **Representative Name:** | |  | |
| Phone: | |  | |
| Email: | |  | |
|  | |  | |
| **Signature (hand-written or electronic):** | | **Typed name not acceptable.** | |
| Date: | |  | |
| Completed by (name and credentials): | |  | |
|  | | | |
|  | | | |
| **Provider Name:** | |  | |
| Address: | |  | |
|  | |  | |
| **Representative Name:** | |  | |
| Phone: | |  | |
| Email: | |  | |
|  | |  | |
| **Signature (hand-written or electronic):** | | **Typed name not acceptable.** | |
| Date: | |  | |
| Completed by (name and credentials): | |  | |