

TEXAS HEALTH CARE ASSOCIATION – EDUCATION FOUNDATION

CONFLICT OF INTEREST DISCLOSURE

As an approved provider by the Texas Nurses Association, it is the policy of Texas Health Care Association – Education Foundation to ensure balance, independence, objectivity and scientific rigor in all of its continuing nursing education activities. **All planning committee members and presenters/content specialists/authors participating in a Texas Health Care Association – Education Foundation activity must disclose to the Texas Health Care Association – Education Foundation any financial relationships that they or an immediate family member may have with any commercial interest in any amount occurring within the past 12 months that create a conflict of interest.** A conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provided consulting services related to the topic, etc.). An “immediate family member” is defined as someone with whom you have a relationship involving the sharing of income or assets.

The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to inform Texas Health Care Association – Education Foundation of any professional, personal or financial relationships so that conflicts can be resolved prior to the activity.

Name: _____

For all disclosures, complete each section, sign and date the last page. Please spell out all acronyms.

I or an immediate family member, have a professional, personal or financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the following categories:

1. Employment

- No, I do not have an employment relationship with a commercial interest to disclose.
- Yes, I have an employment relationship with _____

2. Board of Directors/Other Leadership Position

- No, I do not have a leadership position with a commercial interest to disclose.
- Yes, I have a leadership relationship with _____

3. Research Funding

- No, I do not have research funding from a commercial interest to disclose.
- Yes, I receive research funding from _____

4. Paid Consultant or Member of an Advisory Board or Review Panel

- No, I do not have a consultant or advisory position to disclose.
- Yes, I have a consultant or advisory board relationship with _____

5. Speaker’s Bureau

- No, I am not on a speaker’s bureau for a commercial interest.

Yes, I am on the speaker's bureau(s) for _____

6. Major Stock or Investment Holder

No, I do not have major stock or investment holdings to disclose.

Yes, I have stock holdings with _____

7. Other Remuneration

No, I do not have other compensation to disclose.

Yes (please list relationship and company name) _____

Signature of Person Disclosing: _____ **Date:** _____

FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT

Texas Health Care Association – Education Foundation is required by the TNA and ANCC COA guidelines to instruct you that any discussions regarding the utilization of FDA approved drugs or devices must be within approved regulations. If you discuss the utilization of FDA drugs or devices that are outside approved regulations (off-label or investigational uses), you must clearly delineate this for your audience.

Signature of Faculty Disclosing: _____ **Date:** _____

For Texas Health Care Association – Education Foundation Nurse Planner use Only:

- | | |
|---|--|
| <input type="checkbox"/> No relevant relationship(s) to resolve | <input type="checkbox"/> Session will be monitored to ensure conflict does not arise |
| <input type="checkbox"/> The conflict was discussed with the individual | <input type="checkbox"/> Provided talking points/outline |
| <input type="checkbox"/> Restricted presentation to clinical data | <input type="checkbox"/> Data, slides added or removed |
| <input type="checkbox"/> Reassigned faculty's lecture/topic | <input type="checkbox"/> Reviewed content – free of sponsorship/commercial bias |

Notes: _____

Signature of Nurse Planner: _____ Date: _____
