**Logo, company name

Description automatically generated**

**Information about All Financial Relationships Form**

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| --- | --- |
| **To be completed by Nurse Planner or designee:**  Name of Individual /credentials  Click or tap here to enter text.  Title of NCPD Activity:  Click or tap here to enter text.  Date and location:  Click or tap here to enter text. | **Individual’s prospective role(s)**  (Choose all that apply)  Nurse Planner   Content Expert  Teacher, Instructor, Faculty Author, Writer  Content Reviewer  Other |

***To be Completed by Nurse Planner, Faculty, or Others Who May Control Educational Content***

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each relationship, enter the name of the ineligible company and the nature of the financial relationship(s), regardless of the potential relevance of each relationship to the education. There is no minimum inancial threshold.

**The Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information**. For questions, please contact Contact Name and Email.

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| **Enter the Name of Ineligible Company**  An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit **accme.org/standards** | **Enter the Nature of Financial Relationship**  Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed.  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. | **Has the Relationship Ended?**  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. |
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| In the past 24 months, I have not had **any** financial relationships with any ineligible companies. | | |
| **By signing, I attest that the above information is correct as of this date of submission.** | |  |
| **Electronic Signature:** | | **Date:** Click or tap to enter a date. |