

2010 Combined Biographical and Disclosure Information (Nursing and Physician)

All speakers, panel members, faculty, and committee members must complete the following questions about Audience representation and Areas of Expertise.

List areas of expertise, as well as qualifications that demonstrate education and/or experience in relevant areas. Expertise can be based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. (Ex1. 15 years as community physician. Member of ADHD Collaborative. Member of AAP advocacy committee. Ex2. 5 years nursing in RCNIC. 2 years as co-chair of Nursing PI Council.)

Physicians, Psychologists, Advanced Practice Nurses, Registered Nurses, Social Workers, and other healthcare team members are common target audience members for continuing education activities at Cincinnati Children's.

Check all applicable:

I represent the following target audiences:

Physicians Psychologists Advanced Practice Nurses Registered Nurses
 Social Workers Other healthcare team members (Please specify: _____)

Please describe how you represent the target audiences you selected (*i.e. practiced as a pediatric GI specialist for 22 years*):

I am knowledgeable about the nursing CE process: Yes No

If yes, please describe: _____

Please describe any other relevant expertise: _____

Planner, Faculty and Content Specialist Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners and faculty must make full disclosure indicating whether the planner, faculty or content specialist and/or his/her spouse family has any relationships with commercial interests within the last 12 months. **A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients (excepting non-profits, government organizations or providers of clinical service directly to patients.)**

Treatment Recommendations and Research Citations: If you make treatment recommendations or reference scientific research as part of your presentation, you must read and attest to the following. Please note that all studies and evidence must be referenced on presentation slides or handouts.

All clinical recommendations are based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis.

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Off-Label Use: If you make treatment recommendations or reference off-label uses as part of your presentation, you must read and attest to the following.

All discussion of off-label uses must be disclosed during a presentation. This information could be provided on handouts or in audiovisuals.

I have read and agree to the above.....

(Complete 2nd page also)

Mark the applicable statement:

Neither I nor my spouse or domestic partner have at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

I or my spouse or domestic partner have at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

I **do not** have at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

I have at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

Please enter relevant financial relationships within the last 12 months in the appropriate space below.

Grant/Research Support	
Consultant	
Stocks/Bonds (excluding mutual funds)	
Speakers Bureau	
Other	

My spouse or domestic partner **does not** have at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

My spouse or domestic partner has at present and/or have had within the last 12 months a relevant financial, professional, or personal relationship with a commercial interest.

Please enter relevant financial relationships within the last 12 months in the appropriate space below.

Grant/Research Support	
Consultant	
Stocks/Bonds (excluding mutual funds)	
Speakers Bureau	
Other	

Name: _____ Email: _____

➔ Signature: _____ Date: _____

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Your cooperation in complying with this standard is appreciated. Please return this form as soon as possible to:

CME Dept., ML 3003 • 3333 Burnet Avenue, Cincinnati, OH 45229 • fax: 513-636-7574 • email: cme@cchmc.org