



SOCIETY OF TRAUMA NURSES

## Financial Disclosure Form

Educational Activity Year: \_\_\_\_\_

**STN Educational Activity:** (Check all that apply)

- ATCN
- TOPIC
- Optimal
- Certification Preparation Course
- Invited Speaker/Presenter/Author (Educational Activity Date: \_\_\_\_\_)
- Other (Describe):  
\_\_\_\_\_
- EAST
- Annual Conference
- Webinar
- Pediatric Society Conference

**Role in Educational Activity:** (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other (Describe):  
\_\_\_\_\_

**Committee Membership:** (Check all that apply)

- CEPU
- ATCN
- TOPIC
- Optimal
- Other (Describe):  
\_\_\_\_\_
- Annual Conference
- EAST
- Leadership
- Certification Course
- Marketing

### SECTION 1: DEMOGRAPHIC DATA

Name with Credentials/Degrees: \_\_\_\_\_

If RN, Nursing Degree(s): \_\_\_\_\_ AD \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer and Position/Title: \_\_\_\_\_

## SECTION 2: FINANCIAL DISCLOSURE

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact Brian Doty at [bdoty@traumanurses.org](mailto:bdoty@traumanurses.org).

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

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. This includes bio-medical startups and compounding pharmacies that manufacture proprietary compounds. For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	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 should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<input type="checkbox"/> In the past 24 months, I have not had <b>any</b> financial relationships with any ineligible companies.		

\* \*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

## SECTION 3: STATEMENT OF UNDERSTANDING

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

\_\_\_\_\_

**Typed or Electronic Signature: Name and Credentials (Required)**

\_\_\_\_\_

**Date**

**SECTION 4: CONFLICT RESOLUTION**

To be reviewed by STN Staff first. If there is any conflict of interest listed in Section 2, this document is to be forwarded to the Accreditation Program Director. If there is no conflict of interest listed in Section 2, STN Education staff is to check the Not applicable box below and Sign and Date in Signature section below.

**STEP 1:** Review collected information about financial relationships and **exclude owners or employees of ineligible companies** from participating as planners or faculty. After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. For information about exceptions to this exclusion, see [accme.org/standards](http://accme.org/standards).

**STEP 2:** Determine **relevant financial relationships**. Review the information for all persons whom you did not exclude in Step 1 and determine whether each person’s financial relationships with ineligible companies are relevant to the content of the education you are planning. Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
- The financial relationship existed during the past **24 months**.

**STEP 3:** Choose a **mitigation strategy** for each person who has a relevant financial relationship and **implement** that strategy before the person assumes their role. Using the lists below, identify which mitigation strategy(ies) will be used for **all persons** with relevant financial relationships who control the educational content of the educational activity. You may select multiple strategies but be sure to use strategies **appropriate to the role(s)** that each person has. You can also identify your own strategies for mitigation.

Mitigation steps for planners <i>(choose at least one)</i>		Mitigation steps for faculty and others <i>(choose at least one)</i>	
<input type="checkbox"/>	<b>Recusal</b> from controlling aspects of planning and content with which there is a financial relationship	<input type="checkbox"/>	<b>Divest</b> the financial relationship
<input type="checkbox"/>	<b>Peer review</b> of planning decisions by persons without relevant financial relationships	<input type="checkbox"/>	<b>Peer review</b> of content by persons without relevant financial relationships
<input type="checkbox"/>	Use <b>other methods</b> <i>(please describe)</i> :	<input type="checkbox"/>	Attest that clinical recommendations are <b>evidence-based</b> and <b>free of commercial bias</b> (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)
		<input type="checkbox"/>	Use <b>other methods</b> <i>(please describe)</i> :

**Step 4: Document** the mitigation strategy(ies) you used for each person with a relevant financial relationship.

Name of Person	Role(s) in Activity	Step(s) Taken to Mitigate Relevant Financial Relationship	Date Implemented
<i>Example: Dr. Jones</i>	<i>Planner</i>	<i>Recusal from topic/faculty selection</i>	<i>10/28/21</i>

**If there is no conflict of interest noted in Section 2, STN Education staff is to sign below:**

Completion of the line below serves as the electronic signature of the STN staff reviewing the content of this Biographical/Conflict of Interest Form.

\_\_\_\_\_

**Typed or Electronic Signature: Name and Credentials (Required)**                      **Date**

**Accreditation Program Director Signature**  
(\*If conflict of interest is indicated in Section 2 the Accreditation Program Director is responsible for resolving the conflict of interest or potential bias and signing below. If the conflict of interest or bias is documented by the Accreditation Program Director then the appropriate educational program Nurse Planner must resolve the conflict of interest or potential bias and review and sign).

Completion of the line below serves as the electronic signature of the STN staff or Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

\_\_\_\_\_

**Typed or Electronic Signature: Name and Credentials (Required)**                      **Date**