

Montana Nurses Association

**Financial Disclosure Form**

-Refer to the ***Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships*** document.

-Do not complete if content only addresses a non-clinical topic (e.g., leadership or communication skills training).

**Section 1: To be completed by Nurse Planner or designee**

|  |  |
| --- | --- |
| **Name of Individual /credentials**    **Title of Activity**    **Date and location of activity:** | **Prospective Role in Educational Activity: (Check all that apply)**  Nurse Planner (must have a minimum of a baccalaureate degree  in nursing)  Content Expert  Other Planning Committee Members  Faculty/Presenter/Author  Content Reviewer - Used to review and validate content after  planning (**not** a member of the planning committee)  Other: |

**S****ection 2: 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 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**  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 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. This will help the education staff determine if any mitigation steps need to be taken. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **In the past 24 months, I have not had any financial relationships with any ineligible companies.** | | |
| **I attest that the above information is correct as of this date of submission. DATE:** Click to enter a date. | | |

**Note for Nurse Planner-** If financial relationships are entered, complete the ***Mitigation Worksheet*** for the activity.

Refer to the ***Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships*** document.