

VTL APPROVED PROVIDER

Financial Relationship Reporting Form Part 1



DIRECTIONS: Type information directly into the space provided and save the completed form to your computer. Do **not** attach any additional materials (no CV or resume).

SECTION 1: DEMOGRAPHIC DATA

Name and **credentials**: _____
Please list name and credentials as you would like them to be listed in program materials

If RN, Nursing Degree(s): ☐ AD ☐ BSN ☐ Masters ☐ Doctorate

Present Position: _____
(job title, employer, city, state)

Mailing Address: _____

Phone: _____ Email: _____

Role(s) in this Educational Activity: (Check all that apply)

- ☐ Nurse Planner
- ☐ Planning Committee
- ☐ Presenter/Faculty/Author
- ☐ Content Expert
- ☐ Content Reviewer

SECTION 2: EDUCATIONAL ACTIVITY

Educational Activity Title: _____

Individual Session Title (if different): _____

Education Activity Date(s): _____

SECTION 3: FINANCIAL RELATIONSHIPS

Please list **ALL** financial relationships that you have had in the past 24 months with ineligible companies (see definition and examples of relationships below). List **ALL** financial relationships regardless of the amount or your view of relevance to the content of the educational activity. For each financial relationship, enter the name of the ineligible company/organization and the nature of the financial relationship(s).

- ☐ In the past 24 months I **HAVE NOT** had any financial relationships with ineligible companies/organizations
1) Sign and date the bottom of the form and submit
- ☐ In the past 24 months I **HAVE (HAD)** a financial relationship with an ineligible company/organization
1) Please list all financial relationships below and 2) sign and date the bottom of the form and submit

NAME OF INELIGIBLE COMPANY/ORGANIZATION	NATURE OF FINANCIAL RELATIONSHIP
<i>Ineligible Company/Organization, as defined by ANCC, is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, and its subsidiaries.</i>	<i>Examples of financial relationships include owner/employee, researcher, consultant, advisor, speaker/speakers bureau, stockholder (yes, includes individual stocks and stock options; no, does not include diversified funds) independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. 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.</i>
<i>Example: ACME IV Company</i>	<i>RN Research Coordinator and Educator</i>

* This information will be reviewed by the Nurse Planner, and you may be asked to provide more information. If the information changes, please inform the Nurse Planner. If your reported relationships cannot be mitigated, you will be disqualified from participating in this activity.

SECTION 4: ATTESTATION AND SIGNATURE

I will take every precaution to ensure that any clinical recommendations presented will be based on the best available evidence and the presentation will be free from commercial bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this AP Financial Relationship Reporting Form and attests to the accuracy of the information given above as of the date of the submission.

Name and Credentials: _____

Date: _____