

AANP Continuing Education FACULTY Disclosure

Name: _____

Contact Phone: _____ Contact E-mail: _____

Presentation Title: _____

SECTION I: DISCLOSURE OF FINANCIAL RELATIONSHIPS

AANP adopts the ACCME definition of commercial interest which is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. By definition, this does not include most non-profit organizations (non-profit organizations that advocate for commercial interest are not eligible for AANP accreditation), government organizations, or non-health care organizations. The AANP does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for AANP accreditation.

AANP considers financial relationships (in the preceding 12 months) to create conflicts of interest in continuing education (CE) when individuals have both the opportunity to influence the content of a CE activity and have a financial relationship with a commercial interest. AANP requires anyone in control of the CE content to disclose any financial relationships with commercial interest of their own, their spouse/partner, and/or immediate family member in the preceding 12 months.

Within 12 Months of the date of this form, have you or your spouse/partner had a financial relationship or other affiliation with a commercial interest?

No (complete Sections III & IV)

Yes (complete Sections II, III, & IV)

Signature _____ Date: _____

(Electronic signature accepted: Typed name with date indicates electronic verification of the information provided)

SECTION II: NATURE OF THE FINANCIAL RELATIONSHIPS

Please indicate the names of the organization(s) with which you or your spouse/partner have a financial relationship or interest, what was received, the role, and the specific clinical areas that correspond to the relationship. **Please complete all columns for each organization.** If more than four relationships, please list on a separate page:

Company with which Relationship Exists (indicate self or spouse/partner)	What was received? (e.g., honoraria, salary, consulting fee, stocks or stock options, royalty, travel, etc.)	For what role? (e.g., Speakers' Bureau, employment, consultant, advisory board, research etc.)	For what clinical area/disease state?
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

The following questions are for those on a Speakers' Bureau (SB), or employed by, a commercial interest:

1. Are you CURRENTLY on a Speakers' Bureau or employed by a commercial interest? Yes No
2. Provide the date of termination if you were previously on a Speakers' Bureau or employed by a Commercial Interest in the past 12 months but have since severed the relationship:
3. Have you participated in company-provided speaker training related to your proposed topic? Yes No
4. Did you receive an honorarium or consulting fee for participating in this training? Yes No
5. Did the company provide you with proprietary slides/materials for your presentations? Yes No
6. As faculty for the CE Provider seeking accreditation with AANP, do you intend to use slides/materials or content provided by a commercial interest for your presentation/handout? Yes No
7. Will your topic involve information or data obtained through training from a commercial interest? Yes No

SECTION III: DISCLOSURE OF OFF-LABEL/INVESTIGATIONAL USES OF PRODUCTS

(This section **MUST** be completed)

Will the content of your material(s)/presentation(s) in the CE activity include discussion of unapproved or investigational uses of products or devices? Yes No

Please specify any off-label or investigational use:

SECTION IV: COMPLIANCE WITH AANP ACCREDITATION POLICY

(This section **MUST** be completed; please **initial** each statement below indicating you have read, understand, and are willing to comply)

_____ I attest that the CE content for which I am responsible will be evidence-based, fair and balanced, unbiased, and free from commercial interest control.

_____ No promotional activities may occur during CE events. This includes distribution of product brochures or product information in conjunction with the educational activity or handouts. No slides or handouts developed by a commercial interest may be used during presentations. **I agree to not promote any specific proprietary or commercial business interest in my role as planner or faculty/speaker.**

_____ I understand that an employee of a commercial interest may NOT serve as a faculty or planner of CE accredited by AANP if the educational content that the employee controls relates to the products and/or services of the commercial interest employer. If the content DOES NOT relate to the products and/or services of the commercial interest employer, the employee **may** be eligible to serve as speaker or planner, but the educational content must be reviewed (must be sent with the application) before approval of CE credit will be considered.

_____ I understand that if I serve on a Speakers' Bureau for the same clinical area as the education activity I plan to provide, and for which accreditation is being requested, my educational activity material(s) **must be** submitted for a full independent review at the time of the application submission before approval for CE credit will be considered.

_____ I understand that if I engage in a financial relationship with a commercial interest after the CE program has been granted AANP accreditation, but before the educational activity has been implemented/delivered, I must alert AANP and provide a new disclosure form. A second review for approval will become necessary before the activity can be delivered.

_____ I understand that if changes are made to my educational presentation/material(s) after the CE program has been granted AANP accreditation, but before the educational activity has been implemented/delivered, I must alert the CE Provider and/or AANP and provide information/documentation on the changes. A second review for approval will become necessary before the activity can be delivered.

_____ If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information.

_____ I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to identify a replacement or not offer CE credit for this activity.

Signature: _____ Date: _____

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).