

**PLANNER(S) AND SPEAKER(S) DISCLOSURE FORM**

Name of Presenter \_\_\_\_\_  
Date of Activity \_\_\_\_\_  
Title of Activity \_\_\_\_\_

**TERMS AND CONDITIONS**

The undersigned presenter understands and accepts the following rules as required by the American Nurses Credentialing Center:

1. **DISCLOSURE** – All presenters must complete and submit a Disclosure Statement to the Provider Unit. The Disclosure Statement shall be complete and truthful to the best of the speaker's knowledge. As faculty, you are required to disclose any financial relationship you have with any product or class of products you plan to discuss in this educational activity.
2. All presenters are required to prepare **fair and balanced presentations** which are objective and scientifically rigorous.
3. Presentations, which provide information in whole or in part related to non-FDA approved uses for drug products and/or devices, must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience. If you plan to discuss non-FDA approved uses for commercial products and/or devices you must advise the Provider Unit of your intent.
4. This activity may be supported through an unrestricted educational grant from a commercial organization. Faculty is **not permitted to receive any direct remuneration or gifts** from any company nor should you be subject to direct input from any company regarding the content of your presentation.

**VESTED INTEREST DISCLAIMER**

1. Describe any financial interest(s) with the commercial supporter of this activity and any product or device related to your presentation.

Research Support \_\_\_\_\_

Consultant \_\_\_\_\_

Shareholder \_\_\_\_\_

Speaker/Speakers Bureau \_\_\_\_\_

Other Financial Support \_\_\_\_\_

2. **Unlabeled and Unapproved uses of Products**

\_\_\_\_\_ I intend to discuss either non-FDA—approved or investigational use of the following products or devices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I do not intend to discuss an non-FDA approved or investigational use of any product/device

\_\_\_\_\_

Signature

\_\_\_\_\_

Date