

International Transplant Nurses Society
Speaker / Planner Bio Form

**Ohio Nurses Association
Biographical Data Form (2009 Criteria)**

Instructions: If you are a planner for this activity, complete Sections 1, 2, 4, 5 & 7. If you are a speaker/ content expert for this activity, complete Sections 1, 3, 4, 5, 6 and 7. If there is a perceived conflict, the nurse responsible for the activity will discuss with you how the conflict will be resolved before your continued participation in this learning activity.

Section 1: Demographic Data

Name, Degrees & Credentials: _____

Date: _____

If RN, nursing degree(s):

_____ AD

_____ Diploma

_____ BSN

_____ Masters

_____ Doctorate

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Home Address **OR** Business Address: _____

Day Telephone: _____

Email Address: _____

Present Position (Title) & Employer: _____

Section 2: Planner Information: Describe your familiarity/expertise with the following:

I am knowledgeable about the nursing CE process through: (Describe): _____

I represent the target audience by: (Describe): _____

I have content expertise in this topic by: (Describe): _____

Other: (Describe): _____

Section 3: Faculty/Content Expert Information: Describe your expertise in this topic: _____

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty presenter, content specialist), you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence **or** absence of *any* potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

Section 4: Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest (self or family)?

_____ Yes

_____ No

If yes, describe the perceived conflict: _____

Section 5: Resolution of Conflict

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (Check all that apply)

_____ 1. I have discussed this conflict with the nurse responsible for activity and agree to the provider unit's policy.

_____ 2. I have signed a statement that says I will present information fairly & without bias.

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___ 3. In conjunction with 1 & 2, I understand that the nurse responsible or designee will monitor
session to ensure conflict does not arise.

___ 4. Not applicable since no conflict of interest.

___ 5. Other: Describe:___

Section 6: Off-label Use

Presenter/Content Specialist will discuss off-label uses:

___ Yes

___ No

If yes, you must disclose this information during your presentation. How will you do this?

___ 1. Information provided on handouts

___ 2. Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)

___ 3. Other: Describe:

Section 7

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Signature (optional) _____ Date: _____
Electronic Signature acceptable

If signature is not obtained, describe how this data was collected: _____

Reviewed / Revised 9/2009

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