

**DeCLARATION OF POTENTIAL CONFLICT OF INTEREST**

# Continuing NURSING EdUCATION

####  **Ingram School of Nursing, Faculty of Medicine, McGill University**

All Organizing Committee chairs, planning committee members and presenters must complete this form. Declarations must be made to the participants regardless of whether or not a relationship with a commercial entity such as a pharmaceutical organization, medical device company, or a communication firm exists.

Presenters are asked to declare their Conflict of Interest(s) at the **beginning** of the presentation (oral and visual disclosure with slide required)

**EDUCATIONAL ACTIVITY TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 I do not have an affiliation (financial or otherwise) with a commercial entity.**

* Presenters who are not involved with industry must inform the audience that they have no conflict of interest to disclose.

**🞏 I have/had an affiliation (financial or otherwise) with a commercial entity.**

* Presenters who are involved with industry must inform the audience of the type of affiliation(s), the name(s) of the business corporation(s) and the period covered by their relationship with the commercial entity. Please complete the section below:

|  |  |  |
| --- | --- | --- |
| **TYPE OF AFFILIATION** |  **NAME OF CORPORATION** |  **DETAILS / DATE (from/to)** |
| I am a member of an advisory board or similar committee for a commercial organization. |  |  |
| I am a member of a speakers’ bureau. |  |  |
| I have received payment from a commercial organization (including gifts, etc...). |  |  |
| I have received a grant(s) or an honorarium(s) from a commercial organization. |  |  |
| I hold a patent for a product referred to in the CNE activity/program or that is marketed by a commercial organization. |  |  |
| I hold investments in a pharmaceutical organization, medical device company, or communication company. |  |  |
| I am currently participating in or have participated in a clinical trial (within the past two years). |  |  |
| Other: |  |  |

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| I, , acknowledge that the information above is accurate. (Please print clearly) Signature Date (yyyy/mmm/dd) |

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**Note:** It is the responsibility of the activity organizer to have this Declaration of Potential Conflict of Interest form completed by each resource person: planning committee chair, committee members, presenters, trainers, facilitators, moderators, authors and medical content writers. Also, the organizer will ensure that the information will be made available to the audience by a notation in the course syllabus and an oral and disclosure slide statement will be made by the presenter.

**The following are examples of disclosure statements:**

I have no conflict of interest to declare; I have no affiliation, honoraria or monetary support from an industry source*.*

or

I am a consultant for the XYZ Company; I was recently invited by the XYZ Company; I receive a research grant(s) from the XYZ Company.