

FINANCIAL DISCLOSURE FORM FOR THE 2007-2008 ACADEMIC YEAR

Date of Activity (Start Date if monograph): **INSERT HERE**

UNMC Project #: **INSERT # HERE**

Activity Title: **INSERT HERE**

Author/Presenter/Planner Name: **INSERT HERE**

1. To ensure proper disclosure please list the names of commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. The following are exempt: non-profit and government organizations, and non-healthcare related companies. For this purpose we consider the relevant financial relationships of your spouse or partner of which you are aware to be yours. Describe what you or your spouse/partner received (eg: salary, honorarium, stock options, etc.). The exact amount/value of the compensation need not be disclosed. Additionally, please describe your role (eg: educator, consultant, researcher, stockholder, speaker, employee).

To the best of my knowledge, I do not have any relevant financial relationships with any commercial interests.

I refuse to disclose any relevant financial relationships. **NOTE: Individuals who refuse to disclose relevant financial relationships cannot participate as a planner or presenter in this CE activity.**

I have financial relationships with commercial interests. *(List in table below)*

Source of Relevant Financial Support (includes commercial interests as well as other sources)	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received? (i.e. honorarium, stock, salary, etc.)	For what role? (i.e. stock holder, researcher, educator, consultant, etc.)

2. **PRESENTERS ONLY: Will you be discussing any off-label, experimental, or investigational use of drugs or devices in your presentation? (Check NO if not presenting at this event)**

No Yes If yes, below please provide any information regarding drugs/devices to be presented in this activity that are outside U.S. FDA approved labeling.

Drug/Device	Provide off-label/investigational/experimental information discussed and method to inform learner

3. **PRINT Your Name and Title** _____

Author/Presenter/Planner's Signature: _____

Date: _____

We appreciate your cooperation in complying with this American Nurses Credentialing Center (ANCC) requirement. We are committed to storing all information provided in a secure and confidential matter. We are required to share the contents of speakers' and planners' disclosure forms with the audience and we will do so in an appropriate and professional manner.

RETURN to: Emily Lauritzen, UNMC College of Nursing – Continuing Nursing Education, 985330 Nebraska Medical Center, Omaha, NE, 68198-5330, **e-mail to** elauritzen@unmc.edu, **or fax to** Emily Lauritzen at 402-559-6379.