

**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS**  
TEXAS HOSPITAL ASSOCIATION



As an approved provider by the Texas Nurses Association (TNA), it is the policy of Texas Hospital Association (THA) to ensure balance, independence, objectivity and scientific rigor in all of its continuing nursing education activities. **All planning committee members and presenters/content specialists/authors participating in any THA activity must disclose (to the best of their knowledge) to THA any financial relationships they, or an immediate family member, may have with any commercial interest in any amount occurring within the past 12 months that create a conflict of interest.** An "immediate family member" is defined as someone with whom you have a relationship involving the sharing of income or assets. A Glossary of terms is attached to this page. The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to inform THA of any financial relationships so that conflicts can be resolved prior to the activity. This disclosure form is valid for this activity only, and from the date signed until December 31 of the year signed. It is the explicit responsibility of the signing party to notify THA in writing of any changes that affect this declaration within 45 days of a scheduled presentation.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**For all disclosures: complete each section, PRINT, SIGN and DATE**

I, or an immediate family member have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the following categories: ***Please spell out all acronyms.***

<p><b>1. Employment</b>  <input type="checkbox"/> No, I do not have an employment relationship with a commercial interest to disclose.  <input type="checkbox"/> Yes, I have an employment relationship with _____</p>	<p><b>5. Speaker's Bureau</b>  <input type="checkbox"/> No, I am not on a speaker's bureau for a commercial interest.  <input type="checkbox"/> Yes, I am on the speaker's bureau(s) for _____</p>
<p><b>2. Board of Directors/Other Leadership Position</b>  <input type="checkbox"/> No, I do not have a leadership position with a commercial interest to disclose.  <input type="checkbox"/> Yes, I have a leadership relationship with _____</p>	<p><b>6. Major Stock or Investment Holder</b>  <input type="checkbox"/> No, I do not have major stock or investment holdings to disclose.  <input type="checkbox"/> Yes, I have stock holdings with _____</p>
<p><b>3. Research Funding</b>  <input type="checkbox"/> No, I do not have research funding from a commercial interest to disclose.  <input type="checkbox"/> Yes, I receive research funding from _____</p>	<p><b>7. Other Remuneration</b>  <input type="checkbox"/> No, I do not have other compensation to disclose.  <input type="checkbox"/> Yes:                  Company Name: _____                  Relationship: _____</p>
<p><b>4. Paid Consultant or Member of an Advisory Board or Review Panel</b>  <input type="checkbox"/> No, I do not have a consultant or advisory position to disclose.  <input type="checkbox"/> Yes, I have a consultant/advisory board relationship with _____</p>	

**FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT**

Texas Hospital Association is required by TNA and ANCC guidelines to instruct you that any discussions regarding the utilization of FDA approved drugs or devices must be within approved regulations. If you discuss the utilization of FDA drugs or devices that are outside approved regulations (off-label or investigational uses), you must clearly delineate this for your audience.

**Signature of Person Disclosing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>RESOLUTION OF POTENTIAL CONFLICTS</b>		
<input type="checkbox"/> No relevant relationship(s) to resolve	<input type="checkbox"/> Provided talking points/outline	<input type="checkbox"/> Reassigned faculty's lecture/topic
<input type="checkbox"/> Restricted presentation to clinical data	<input type="checkbox"/> Data, slides added or removed	<input type="checkbox"/> Reviewed content – free of commercial bias
Notes: _____		
Signature of Reviewer: _____		Date: _____

## Glossary of Terms

**Conflict of interest.** Circumstances create a conflict of interest when an individual has an opportunity to affect CNE/ CME content about products or services of a commercial interest with which she/he has a financial relationship.

**Commercial interest.** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Financial relationships.** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure

### Off label

Using products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

### Relevant financial relationships

ANCC and ACCME consider financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest. **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.