

**CONFLICT OF INTEREST DISCLOSURE  
FOR THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO**

***National Association of Hispanic Nurses 34th Annual Conference: Hispanic Nurses: Creating Pathways to Reduce Health Disparities***

As an approved provider, it is the policy of THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO Provider Unit 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 a THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO Provider Unit must disclose to THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO Provider Unit any financial relationships that 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. The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to inform Texas Nurses Association/Foundation Provider Unit of any financial relationships so that conflicts can be resolved prior to the activity.

**Print Name:** \_\_\_\_\_

**For all disclosures, complete each section, sign and date the last page. Please spell out all acronyms.**

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:

Area of interest	Responses/Comments (By marking “No” you are indicating that you have no relationship in that area to disclose. If you mark “Yes” please explain in box provided. )	
Outside Employment	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Board of Directors/Other Leadership Positions	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Research Funding	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Paid Consultant or Member of an Advisory Board or Review Panel	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Speaker’s Bureau	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Major Stock or Investment Holder	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other Remuneration	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Investigational or unlabeled drugs	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT**

Texas Nurses Association/Foundation Provider Unit is required by the TNA and ANCC COA 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:** \_\_\_\_\_

Please complete the highlighted areas and the check boxes send as an email attachment from your own computer to: [cantua2@uthscsa.edu](mailto:cantua2@uthscsa.edu)  
Or FAX to (210) 567-5738.

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**Glossary of Terms for Conflict of Interest Disclosure form**

**Commercial Interest**

ANCC defines an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations.

**Conflict of Interest**

ANCC defines a “conflict of interest” as when an individual has an opportunity to affect CNE content with products or services from a commercial interest with which he/she has a financial relationship.

ANCC considers “opportunity to affect CNE content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

**Financial relationships**

ANCC defines “financial relationships” as 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 relationships can also include ‘contracted research’ where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ANCC considers relationships of the person involved in the CNE activity to include financial relationships of a family member.

**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 considers 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.

**For the Office of Continuing Nursing Education Use Only:**

Resolution of potential conflicts:

- |   |   |
|---|---|
| <input type="checkbox"/> No relevant relationship(s) to resolve   | <input type="checkbox"/> Provided talking points/outline            |
| <input type="checkbox"/> Restricted presentation to clinical data | <input type="checkbox"/> Data, slides added or removed              |
| <input type="checkbox"/> Reassigned faculty’s lecture/topic       | <input type="checkbox"/> Reviewed content – free of commercial bias |

Notes: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_