UNIVERSITY OF SOUTHERN INDIANA
KINNEY COLLEGE OF NURSING AND HEALTH PROFESSIONS
CENTER FOR HEALTH PROFESSIONS LIFELONG LEARNING

UNIVERSITY OF SOUTHERN INDIANA
Center for Health Professions Lifelong Learning
JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION

DISCLOSURE OF FINANCIAL RELATIONSHIPS

Please complete the information below and return it to Kelley Collazo KACOLLAZO@USI.EDU by ________________

Title of Continuing Education: ______________________________
Location: ______________________________ Date: ______________
Name of Individual WITH CREDENTIALS: ______________________________
Employer/Organization: ______________________________
Email address: ______________________________ Cell: ______________

As a prospective planner or faculty member, we ask for your help in protecting our learning environment from industry influence. The JA Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

Individual's prospective role(s) in continuing education (choose all that apply)

- ☐ Planner (Examples: planning committee, staff involved in choosing topics, faculty, or content)
- ☐ Teacher/Instructor/Faculty/Author
- ☐ Reviewer
- ☐ Other: ______________________________

To be completed by Planner, Faculty, or Others Who May Control Educational Content:
Please disclose **all financial relationships** that you have had in the past 24 months with all ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	**Enter the Nature of Financial Relationship** Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	**Has the Relationship Ended?** If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: AB Company	Consultant	

☐ **In the past 24 months, I have not had any financial relationships with any ineligible companies.**
I attest that the above information is correct as of this date of submission by signing and dating below.

____

Signature with credentials (electronic signature accepted) **Date**

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