

Approved Education Disclosure Form

This document must be completed electronically.

2025

<p>Name and Credentials:</p> <p>Name of Individual:</p> <hr/> <p>Title of NCPD Activity:</p> <p>13th Annual ASPN Multidisciplinary Symposium</p> <p>Date and location of Education</p> <p>November 13-14, 2025/ Virtual</p>	<p>Individual's prospective role(s) in NCPD activity: Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)</p> <p><input type="checkbox"/> Nurse Planner <input type="checkbox"/> Content Expert</p> <p><input type="checkbox"/> Planning Committee</p> <p><input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Author, Writer</p> <p><input type="checkbox"/> Content Reviewer</p>
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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 **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	Enter the Nature of Financial Relationship	Has the Relationship Ended?
<p>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit www.accme.org/standards</p>	<p>Examples 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 MUST be disclosed; diversified mutual funds do not need to be disclosed.</p>	<p>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.</p>
Example: ABC Company	Consultant	<input type="checkbox"/>
<input type="checkbox"/> In the past 24 months, I have not had any financial relationships with any ineligible companies.		
<p>I attest that the above information is correct as of this date of submission.</p> <p>SIGNATURE OF INDIVIDUAL: DATE:</p>		