

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of this section serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Amy Armstrong MSN, RN, CWOCN, CNL

1/17/2019

Type Name and credentials

Date Completed

Section 4: Conflict Resolution (to be completed by Nurse Planner)

This page to be completed by Director of Conference Planning only

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Other - Describe:

Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

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Lori Borja, MSN, ARNP, CWOCN, FNP-C, CFCN

2/1/19

Type Name and credentials

Date Completed

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Elaine Rush RN BS CWOCN

Type Name and credentials

2/01/2019

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<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
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Glenda Brunette, MSN, RN, CWON

January, 18, 2019

Type Name and credentials

Date Completed

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

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<input type="checkbox"/>	Stock	
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Martha Davidson MN, BSN, CWOCN

1/20/19

Type Name and credentials

Date Completed

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

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<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Angela Dye, BSN, RN CWOCN

1/17/2019

Type Name and credentials

Date Completed

Section 4: Conflict Resolution (to be completed by Nurse Planner)

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

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<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Angela Graham, BSN RN CWOCN

1/17/2019

Type Name and credentials

Date Completed

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

Southeast Region of the WOCN® Society Board Member Conflict of Interest Form

Title of Educational Activity: Enhancing WOC Nursing - Bridging our Past to our Future

Educational Activity Date: October 3 - 5, 2019

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Board member responsible for approving SER
Describe: of the WOCN® Society Conference

Section 1: Demographic Data

Name with Credentials/Degrees: **Melanie Jacobs RN, BSN, CWOCN, CFCN**

If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate

Address: **5734 Bluff Road**

City: **Boaz** ST: **Alabama** Zip: **35956**

Phone primary: **256-478-7245** Phone cell: **256-478-7245**

Email work: **melanie.jacobs@kci1.com** Email personal: **melaniewallsjacobs@charter.net**

Employer: **Acelity/KCI**

Title / Position: **Territory Manager, Acute Care, Sales Representative**



Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals having the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

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Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input checked="" type="checkbox"/>	Salary	Full Time Employment with Acelity/KCI
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Section 3: Statement of Understanding

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Melanie Jacobs RN, BSN, CWOCN, CFCN

01/17/19

Type Name and credentials

Date Completed

Section 4: Conflict Resolution (to be completed by Nurse Planner)

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- Other - Describe: **There is no responsibility for reviewing program content therefore no conflict of interest noted**

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Elaine Rush RN BS CWOCN

Type Name and credentials

01/21/2019

Date Completed

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Laura Shafer RN,CWON

Type Name and credentials

1/21/2019

Date Completed

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Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input checked="" type="checkbox"/>	Salary	Work for Molnlycke Health Care full-time
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
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Laura Shafer RN,CWON

1/19/2019

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- Other - Describe: There is no responsibility for review of speaker content involving her employer therefore there is no conflict noted

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Elaine Rush RM BS CWOCN

Type Name and credentials

01/21/2019

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