

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,

Type Name and credentials

March 31, 2021

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.
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- Other - Describe:

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed

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

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Martha Davidson MN, BSN, CWOCN

4/4/2021

Type Name and credentials

Date Completed

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

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Angela Dye

Type Name and credentials

4/7/2021

Date Completed

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

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed

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Angela Graham BSN RN CWOCN

3/31/2021

Type Name and credentials

Date Completed

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

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed

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Cordelia Lucas-Sherrod, MSN, RN, CWON

3/31/21

Type Name and credentials

Date Completed

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

Southeast Region of the WOCN® Society
2021 Biographical and Conflict of Interest Form



Title of Educational Activity: **20/21 Vision: See the Wonder of WOC Nursing**
Education Activity Date: **August 26-28, 2021**

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert
 Faculty/Presenter/Author Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Sharon D. McCarthy, MSN, RN, CWOCN

Address: 7760 Indian Gap Trl McCalla AL 35111

Phone Number: 205-514-1482 Email Address: sharonwhite@uabmc.edu

Current Employer UAB Hospital

Position/Title: Nursing Professional Development Specialist

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
 Content Expert Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

My nursing career spans for over 35 years beginning in the role of nursing assistant, licensed practical nurse, and obtaining my associate degree in nursing in 1982. I received my BSN from Tuskegee University in 1996 and Masters of Science in Nursing Education from Walden University in 2017. I completed WOC nursing training at Emory WOC Nursing Program in 1996. I worked as a WOC nurse at the UAB Hospital from 2013-2020 and currently serve in the role of Nursing Professional Development Specialist for the Gastrointestinal Surgery and the Gastrointestinal Medicine floors, providing up-to-date education related to gastrointestinal and hepatology disorders and surgical procedures. I have served as the co-chair of previous Southeast Region WOC nurse conferences and on the education committee for the regional conference.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

A check on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

Section 4: 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.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have 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.

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Yes No

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Section 5: Statement of Understanding

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Typed or Electronic Signature: Name and Credentials (Required)

Sharon D. McCarthy, MSN, RN, CWOCN

Date 03/31/2021

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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Typed or Electronic Signature: Name and Credentials (Required) Date 4.28.21

Teri Robinson, BSN, RN, CWOCN

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Cyncere J. Neal

Type Name and credentials

4/7/2021

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Nellie Nancy Scott, BSN RN CWOCN

3-31-21

Type Name and credentials

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