



**13<sup>th</sup> Annual Maternal Neonatal Nursing Symposium:  
*Zooming into 2021 with Best Practices***

Live Webinar  
Thursday, May 20, 2020

8:30 am – 4:00 pm

**Poster Exhibit Form**

**Conference Target Audience:**

Nurses, certified nurse midwives, nurse practitioners, lactation consultants, and other healthcare professionals who provide care for maternal and neonatal patients.

Posters should relate to the improvement or enhanced processes for maternal and/or neonatal care practices.

**Type of Project (select one):**

Evidence-Based Practice (EBP)      Scholarly Project      Research      Quality Improvement

**Poster author(s) (include credentials):**


**Name of Project/Poster:**

**Goal of Project:**

**Outcomes of Project:**

**Date Project Completed:**

**Comments:**

Return completed forms to Kathryn Fitzpatrick MSN, RN-BC [Kathryn.fitzpatrick@atriumhealth.org](mailto:Kathryn.fitzpatrick@atriumhealth.org)

Submit Completed Form to:

5039 Airport Center Parkway, Building K  
Charlotte, NC 28208

Phone: Fax:



## Disclosure of Relevant Relationships

### Carolinas HealthCare System/Charlotte AHEC

This form should be completed by the planning committee members, authors, faculty, course directors, speakers, panelists, moderators, reviewers, coordinators, and all others involved in planning and/or developing the content of this activity. Please read and complete the disclosure form.

PERSONAL INFORMATION			
Last Name:	First Name:	Middle Initial:	Credentials:
Event Title:			
Presentation Title[s]:			<input type="checkbox"/> Check if presentation is not applicable
Address [Address/PO Box, City, ST Zip Code]:			<input type="checkbox"/> Work or <input type="checkbox"/> Home
Last 4 Digits of Social Security no.:	Phone no.:	Email:	
EVENT ROLE [CHECK ALL THAT APPLY]			
<input type="checkbox"/> Author	<input type="checkbox"/> Course Director	<input type="checkbox"/> Panelist	<input type="checkbox"/> Planning Committee/Coordinator
		<input type="checkbox"/> Moderator	<input type="checkbox"/> Faculty/Speaker
<input type="checkbox"/> Other:			
DISCLOSURE OF RELATIONSHIPS			
<p>Do you or an immediate family member, including spouse/partner, currently have or have had within the last 12 months, any potential <a href="#">financial interest</a> or affiliation with one or more <a href="#">commercial interests</a> that could be perceived as a real or apparent financial or other relevant relationship(s) as it relates to the content in which you will be speaking about in this educational activity?</p> <p style="text-align: center;">No                      Yes</p> <p><b>Commercial Interest:</b> A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.</p>			
Affiliation/Financial Interest	Name of the Commercial Interest	Relationship [check all that apply]	
<b>Advisory Committee/Review Panel/Board Membership</b>		<input type="checkbox"/> Self <input type="checkbox"/> Family	
<b>Salary or Royalty:</b> <i>[Charlotte AHEC does not allow employees of ACCME-defined commercial interests to be involved in any CME programs as faculty] Please clarify if you have received money from a commercial interest and in what capacity.</i>		<input type="checkbox"/> Self <input type="checkbox"/> Family	
<b>Grant/Research Support</b> [including contracted]		<input type="checkbox"/> Self <input type="checkbox"/> Family	
<b>Consultant</b>		<input type="checkbox"/> Self <input type="checkbox"/> Family	
<b>Speaker Bureau</b>		<input type="checkbox"/> Self <input type="checkbox"/> Family	
<b>Other Financial, Material or Relevant Interest</b>		<input type="checkbox"/> Self <input type="checkbox"/> Family	
UNLABELED OR UNAPPROVED COMMERCIAL PRODUCTS			
Do you intend to discuss an unlabeled, unapproved or the investigative use of a commercial product or device during your presentation? <input type="checkbox"/> No <input type="checkbox"/> Yes [specify]:			
<p><b>My signature below indicates my agreement to disclose to the attendees any relevant relationships, and I agree to update this form within 30 days if I acquire any new relationships during the timeframe indicated on this form.</b></p> <p>Type or sign your name here, attesting you will adhere to the policies described on the page below.</p>			
Signature:			Date:

## CHARLOTTE AHEC COMMERCIAL INTEREST DISCLOSURE POLICIES

### **CME**

The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, and 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)

**Conflict of Interest:** circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

### Financial Relationships and Conflicts of Interests

To fulfill these standards and our disclosure policy, we require all individuals associated with a CME activity to agree to the following:

I acknowledge that I have read Carolinas HealthCare System, Charlotte AHEC CME Disclosure Policy and Standard 2 of the 2014 ACCME Standards of Commercial Support for CME Activities and hereby attest that the relationship(s) with commercial interests that I have disclosed will not influence or bias my planning, implementation, presentation, evaluation, or any other involvement in the CME activity. I will adhere to the principle that information presented to the learner must be unbiased, scientifically balanced, and based on best evidence and best practices in medicine.

I agree to disclose when products, devices, or services are not labeled for the use under discussion or when the product, device, or service is still under investigation.

I understand that the information I have listed on this form will be shared with the audience of the CME activity, and that if a relevant conflict of interest is present, that the content of my participation will be subject to further review.

AHEC adheres to [the 2014 ACCME Standards of Commercial Support: Standards to Ensure the Independence of CME Activities](#).

**We recommend all faculty and planners utilize the free education provided by the Alliance for Continuing Medical Education.** The National Faculty Education Initiative (NFEI) provides online training on the differences between certified CME and promotional activities. If you complete the web cast, your name will become part of a searchable database of medical education faculty who have completed the program. <http://www.nfeinitiative.org/>

- It is the policy of Carolinas HealthCare System/Charlotte AHEC Continuing Medical Education (CME) to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All individuals participating in the planning, implementation, presentation, evaluation, etc. of CME activities are expected to disclose to the audience the presence or absence of all relevant relationships and the nature of those relationships they have with any commercial interest.
- All educational material including slides, abstracts, handouts, etc. are to be free of pharmaceutical identification, advertising, trade names, or group product messages.
- The speaker will disclose to the audience whenever unlabeled, unapproved, or investigative use of a commercial product or device is discussed.
- This policy is in effect irrespective of commercial support of the activity.

### **DENTAL:**

#### Affidavit of Image Authenticity:

I declare that all visual images, electronic or otherwise, used by me or my associates during this program, to the best of my knowledge have not misrepresented or falsified the treatment outcome.

### **NURSING:**

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 [ANCC's Content Integrity Standards](#)).

### **PHARMACY:**

In accordance with the Accreditation Council for Pharmacy Education's Guidelines for Standards for Commercial Support, anyone involved in planning or presenting at this educational activity will be required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information will be made available to participants at the beginning of the activity. Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose this information at the beginning of their presentation

Signature:

Date: