**The 2022 15th National Doctors of Nursing Practice Conference: Tampa**

**TERMS AND CONDITIONS FOR SPEAKERS/AUTHORS**

Speakers/authors: This document has been developed to assure content integrity for continuing education activities. Please review each item, check your response, sign the document and upload with your abstract submission. One completed form for EACH listed author is required. Thank you.   
**1 = Agree 2 = Disagree 3 = Not applicable**

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| **Terms and Conditions** | | **1** | **2** | **3** |
| 1. | I have disclosed to the Nurse Planner all relationships of a financial nature with a commercial interest organization\* that exist or have existed within the last 12 months for both myself and my significant other (if applicable). I understand that these relationships will be shared with the learner. |  |  |  |
| 2. | I will prepare fair & balanced educational activities that are objective & scientifically rigorous. Content will be evidence based, & unbiased. |  |  |  |
| 3. | If addressing unlabeled &/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners. |  |  |  |
| 4. | If I discuss healthcare products or services, I will provide information about a variety of options and choices available rather than promoting one product or company. |  |  |  |
| 5. | If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation/independent study will not be included in any way with this activity. |  |  |  |
| 6. | If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles & method & will not promote the commercial interest of the funding company. |  |  |  |
| 7. | The handouts and slides will not include logos from any commercial entity. (The copyright symbol may be included on each of the slides if speaker is concerned about use by others without approval.) |  |  |  |
| 8. | I understand that the Nurse Planner, planning committee, and/or content reviewer for this activity may evaluate my presentation &/or content prior to the activity & I will provide educational content and resources in advance as requested. |  |  |  |

**I have carefully read and considered each item in this attestation form and have completed it to the best of my ability. Print name and sign**

Signature (may be electronic) Date

Commercial interest organization: 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. (ANCC, 2015)