

ALLEGRA LEARNING SOLUTIONS

AUTHOR APPLICATION

Name, Degrees & Credentials:			
If an RN, Nursing Degree(s): AD, Diploma, BSN, Masters, Doctorate			
Home Address			
City, State and Zip Code			
Day Telephone:		Fax Number:	
Email Address:			
License Number(s) and expiration date (s)			
License State(s)			

EDUCATION

(You may scan and submit a curriculum vitae or resume)

College or University	Major	Degree	Area of Preparation

EXPERIENCE (Start with most current)

Organization	Position	Clinical Area	From (Month/Year)	To (Month/Year)

TEACHING EXPERIENCE

Title of Course	Description	Location	Month/Year

Have you ever had a course in the Principles in Adult Education? Yes / No (Circle one) If yes, give dates:			

Conflict of Interest Disclosure Statement

***** Note: An alternate organization's COI disclosure statement may be used (such as a CME) provided it meets the following determination requirements. *****

Determination of Conflict of Interest: The following set of questions is intended to help you determine if you have a potential conflict of interest that must be disclosed. Relevant relationships must be disclosed to learners during the time when the relationship is in effect and for 12 months thereafter.

After reflection on the following set of questions, complete the conflict of interest disclosure statement and sign below.

1. Do you, or any of your immediate family members, have a financial relationship in which you receive salary, royalty, consulting fees, honoraria, ownership interests or other financial benefits from an organization involved with this activity?
2. Have you, or any of your immediate family members, created a product (book, medical device, etc.) that is being sold or promoted at this activity?
3. Are you, or any of your immediate family members, a member of an administrative body (e.g. board of directors, advisory panel) that has a financial interest in the topics or other organizations associated with this activity?
4. Will you promote services or educational programs with which you are associated?

Circumstances create a conflict of interest when an individual has an opportunity to affect CE content (either through planning, presenting, or reviewing) about products or services of a commercial interest with which he/she has a financial relationship.

Disclosure of Conflict of Interest:

Do you have an actual or perceived conflict of interest for yourself or your spouse/partner?	Yes	No

If yes, describe potential conflict(s) of interest below:		

(Check all that apply)	Category	Description
	Salary	
	Honorarium	
	Royalty	
	Stock	
	Speaker's Bureau	
	Consultant	
	Other	
<p>How will this potential conflict(s) of interest be resolved? (State below.) (All conflicts of interest MUST be resolved PRIOR TO the implementation of the activity.)</p>		
Check all that apply	Description	
	I have discussed this conflict with the Nurse Planner or designee and I am now aware of and agree to the organization's Conflict of Interest policy.	
	I have signed a statement that says I will present information fairly and without bias.	
	In conjunction with the above, the Nurse Planner or designee will monitor the session/content to ensure no conflict of interest arises.	
	Other (describe):	
Will you be discussing any off-label uses of therapeutic intervention?	Yes	_____
	No	_____
If yes, how will you disclose this information? (E.g., information provided in hardcopy, electronic media, or other means)	_____	

_____	<p>By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a writer or content provider, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity. I am also attesting to the accuracy of the information provided above.</p>
_____	Date