

GORDON CENTER FOR RESEARCH IN MEDICAL EDUCATION
Advanced Stroke Life Support® Biographical and Conflict of Interest Form

Section 1: Demographic Data

Faculty/Presenters/Authors/content reviewer

Name, Degrees & Credentials:

If an R.N., nursing degree(s): AD Diploma BSN Masters Doctorate

<input type="checkbox"/> Home Address OR	Number and Street:	City:	State:	Zip Code:
<input type="checkbox"/> Business Address				

Daytime Telephone Number (with area code):	Email Address:
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Current Position (Title):	Employer:
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Section 2: Conflict of Interest/Bias

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.

Each individual who is in a position to control or influence the content of an education activity must disclose all relevant relationships with any commercial entity in a position to benefit financially from the success of the CE activity, at the time of the relationship and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start 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 advisory committees or review panels, 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 you or your spouse/partner? Yes No
*If yes, complete below for all actual, potential or perceived conflicts**:*

Check all that apply:	Category:	Description of relationship:
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Honorarium	
<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 authorization to present the educational activity.

Section 3: Statement of Understanding

Signature (enter name and credentials and check the box below):	Date:
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By checking this box, I am approving my electronic signature appearing above and attesting to the accuracy of the information given above.