

Biographical Data Form

THIS INDIVIDUAL IS A: (Check all that apply)

- Nurse Planner Planning Committee Member Presenter/Content Specialist

INSTRUCTIONS: Complete this form for every Nurse Planner, Planning Committee Member and Presenter/Content Specialist associated with your program. Do not send curriculum vitae. **Form must be typed or word processed.**

NAME, DEGREE, AND CREDENTIALS: _____

HOME OR BUSINESS ADDRESS: _____

DAY TELEPHONE: _____ **ALTERNATE NUMBER:** _____

E-MAIL ADDRESS: _____

PRESENT POSITION (title): _____

EMPLOYER: _____

NURSE PLANNERS: Describe your professional qualifications and familiarity with the target audience:

FACULTY/CONTENT SPECIALISTS/AUTHORS: Describe your knowledge and expertise in this topic/content area:

EDUCATION (List highest degree first)

Degree	Year	School

VESTED INTERESTS AND/OR BIASES OF FACULTY

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interests and/or biases.)

I recognize that I must follow all guidelines and criteria regarding vested interests and/or biases. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I have no real or perceived conflicts of interest that relate to this presentation.

I have the following real or perceived conflicts of interest that relate to this presentation:

I, _____, (insert name) AM SUBMITTING THIS APPLICATION BY ELECTRONIC SUBMISSION. BY CHECKING THIS BOX I INDICATE THAT THE INFORMATION SUBMITTED IS COMPLETE AND CORRECT. Date: _____