RUTGERS
Health Services

MSNJ/ANCC FACULTY DISCLOSURE OF COMMERCIAL AFFILIATIONS

Rutgers Health Services is accredited by MSNJ/ANCC, and RUHS must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. For all CE activities, speakers must disclose to the participants prior to the educational activity any significant financial interest or other relationships with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial services discussed in an educational presentation and with any commercial supporters of the activity. Speakers are required to disclose when products are not labeled for use or are still investigational. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. Having an interest or affiliation with a corporate organization does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience, in accordance with the standards of MSNJ.

CE Activity: _____

Activity Date:_____

Speaker:_____

Commercial Support for this Activity: ☐ No ☐ Yes, _____

Please complete ALL sections:

I. Will your presentation include discussion of any commercial products or services?

☐Yes ☐No (If No, skip to question II)

a. If Yes, do you have a financial interest/arrangement or affiliation with the manufacturer(s) of any of the products or provider(s) of any services you intend to discuss?

☐Yes ☐No (If No, skip to question II

b. If Yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s):

Type of Affiliation/Financial Interest	Name of Corporate Organization(s):
Grant/Research Support	_____
Employee/Consultant	_____
Speaker's Bureau	_____
Major Stock Shareholder	_____
Other Financial or Material Interest	_____

II. If this activity is supported by a grant from a commercial supporter(s), do you (or an immediate family member) have a financial interest/arrangement or affiliation with the commercial supporter(s) for this activity?

☐ No ☐ Yes, as follows: ☐ I refuse to disclose

Type of Affiliation/Financial Interest:	Name of Corporate Organization(s):
Grant/Research Support	_____
Employee/Consultant	_____
Speaker's Bureau	_____
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III. I acknowledge that it is my responsibility to disclose to the audience any product mentioned in my presentation that is not labeled for the use under discussion or is still under investigation.

_____ _____

Signature Date