



Potential conflict of interest disclosure form

This form enables us to provide readers with information about any potential conflict of interest that may influence how they perceive your work. A conflict may occur when an author has a financial relationship with a commercial entity that provides patient-related products or services that are relevant to the subject matter about which the author is writing.

Each author should complete a separate form. The information provided should be based only on the past 36 months.

Date: _____

Name (first and last): _____

Manuscript title: _____

Is there a perceived conflict of interest related to a commercial entity (check one)?*

Yes

No

Email address: _____ Phone Number: _____

*If you are unsure if there is a commercial interest, refer to the explanation from the Accreditation Council for Continuing Medical Education at <http://www.accme.org/requirements/accreditation-requirements-me-providers/policies-anddefinitions/definition-commercial-interest> or contact Cynthia Saver, MS, RN, editorial director for *American Nurse Journal*, at csaver@healthcommedia.com.

If yes, please check the relevant financial relationships and provide a brief description:

Salary _____

Royalty _____

Stock _____

Speakers bureau _____

Consultant _____

Other (describe) _____

Note: Do NOT list specific monetary amounts.

Date: _____

Signature: _____

(If you are unable to sign electronically, simply place an X.)



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By Gregory P. Osborne, Publisher

Signature

Date

Signature

Date

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