

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 International Committee of Medication Journal Editors; Disclosure of financial and non-financial relationships and activities, and conflicts of interest at <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html> or contact Julie Nyhus MSN, FNP-BC, APRN editor director for *American Nurse Journal*, at jnyhus@healthcommedia.com

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

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Note: Do NOT list specific monetary amounts.

Date: _____

Signature: _____

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

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