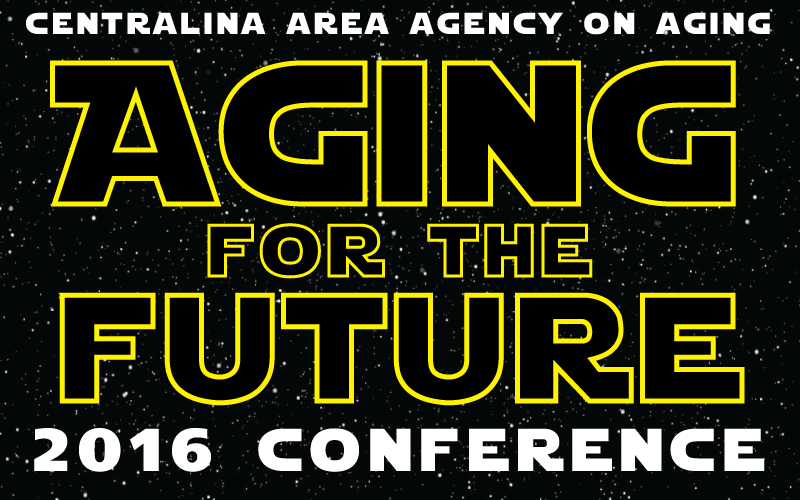
**2016 Annual Aging Conference**

**Request for Presentations**

Thank you for your interest in becoming a presenter in the 2016 Annual Area Agency on Aging Conference. We value your time, energy, and expertise!

Please fill out the following information to the best of your ability for consideration in workshop selection and return it to Lindsay Tice, [ltice@centralina.org](mailto:ltice@centralina.org),

no later than 5pm April 25, 2016.

All requests will be reviewed and those selected will receive follow up. If you have any questions, please call 704.688.6504.

1. What is the exact title of your presentation?
2. Please list three session goals for your presentation.

1. Participants will…  
2. Participants will…

3. Participants will…

1. Please write a description for your presentation in addition to aforementioned goals.
2. What are the Evidence-Based references for your presentation? Please list.

Examples:

* Chapter 7 and 13 Bankruptcy: Line by Line Workshop August 2013

<http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>

* Fleming, J, Brayne, C. Inability to get up after falling, subsequent time on floor, and summoning help: prospective cohort study in people over 90. BMJ 2008; 337:a2227. doi: <http://dx.doi.org/10.1136/bmj.a2227>

1. How would you like your name and title written on conference materials?
2. What equipment and/or supplies will you need? Please BOLD all that apply

Power point

Power cord

Laptop

Projector

Remote for Projector

Speakers

White Board with markers

Flip Chart

Copies of power point presentation

Copies of additional materials

Other:

1. Will your presentation require a special room set-up for your presentation?

If so, please describe the preferred set up. Otherwise, rooms will be set up classroom style

with chairs in rows

By submitting this information, you are agreeing to provide needed session information in a timely manner in order for Centralina to complete conference planning tasks. Failure to respond and supply needed information may result in a change to your session being included in the conference.

Please continue to the next section and thoroughly complete

the conflict of interest section.



**2016 Annual Aging Conference**

**Conflict of Interest Form**

In our effort to obtain Continuing Education Credits for this entire event, we need your assistance. Please complete the following and return to Centralina as quickly as possible. You may save this file, e-mail or send a hard copy to the address listed below.

**Thank you** in advance for your timeliness and attention to this process. We appreciate your willingness to present at this year’s conference.

|  |  |  |  |
| --- | --- | --- | --- |
| **🗸**- **When Completed** |  | **Please complete/ sign and submit the following items:** | |
| ☐ |  | **1** | *Conflict of Interest (COI) and Biography (BIO)Form*/  Disclosure Statement and Objectives to be included in each speaker’s slides and/or handouts |
| ☐ |  | **2** | Short biography for introduction purposes |
| ☐ |  | **3** | Electronic Presentation |

Completed items may be submitted via mail, email, or fax no later than 5pm April 25th to the following:

|  |  |
| --- | --- |
| **Mailing Address:** | **Contact Information:** |
| Centralina AAA  Attn: Lindsay Tice  525 N. Tryon St. 12th floor  Charlotte, NC 28202 | Name: Lindsay Tice  Phone: 704.688.6504  Fax: 704.347.4710  Email: ltice@centralina.org |

***Reference Material***

**Conflict of Interest, Commercial Interest, & Relevant Relationships**

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.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

**\**Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for approval.

An organization is **NOT** a Commercial Interest Organization\* if it is:

|  |  |
| --- | --- |
| * A government entity; * A non-profit (503(c)) organization; * A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners; * An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems; * Blood banks * Diagnostic laboratories | * A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients. * Liability insurance providers * Health insurance providers * Group medical practices * Acute care hospitals (for profit and not for profit) * Rehabilitation centers (for profit and not for profit) * Nursing homes (for profit and not for profit) |

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition) .

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships\*\**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**\*\**Relevant relationships****,* as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content 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 an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

**Centralina Area Agency on Aging Conference- Nursing CE**

**Biographical and Conflict of Interest Form**

Title of Educational Activity: **Centralina Area Agency on Aging Annual Conference**

Education Activity Date: **September 23, 2016**

**Title of Your Session: Click here to enter text**

**Role in Educational Activity: (Select all that apply)**

Planning Committee Member  Faculty/Presenter/Author

Content Reviewer  Other – Describe:

**Section 1: Demographics**

**Name:** **Credentials:**

If RN, Nursing Degree(s): AD  Diploma  BSN  Masters  Doctorate

**Current Employer and Position/Title**:

**Section 2: Expertise - Presenter/Faculty/Author/Content Reviewer- BIO**

**Selecting this box identifies the expertise information the same as listed above.**

Please describe expertise and years of training specific to the educational session listed above. (If the description of expertise does not provide adequate information, the North Carolina Nurses Association may request additional documentation.)

Click here to enter text.

**Section 3: Conflict of Interest**

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner? (See Reference Materials on Page 3 for definitions of Commercial Interest and Relevant Relationships).

No  Yes \* **If yes,** complete the table below\*:

|  |  |  |
| --- | --- | --- |
| Select all that apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 4: Statement of Understanding**

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Signature (Required) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: Name and Credentials**

**Information in box below is to be completed by the nurse planner**

Conflict resolution (to be completed by Nurse Planner)

1. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

(Check all that apply)

Not applicable, since no conflict of interest.

Removed individual, with conflict of interest, from participating in all parts of the educational activity.

Revised the role of the individual with the conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Other - Describe: Click here to enter text.

***Centralina Area Agency on Aging Use Only***

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

**Signature (Required) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: Name of Nurse Planner and Credentials**