

NANCEAC Financial Disclosure and Attestation Form

CE Program Director, Presenters, and any others who are involved in the planning, development, or execution of CE activities must disclose to NANCEAC any financial relationships between themselves and commercial entities. This disclosure will be accomplished by completing the *NANCEAC Financial Disclosure and Attestation Form*. The contents of this form will be shared with the audience prior to the CE activity.

Section 1 of 5: CE Activity Description

General Information	
Your Name:	
Role(s) in Activity:	CE Program Director <input type="checkbox"/> Presenter <input type="checkbox"/> Planning Committee <input type="checkbox"/>
Continuing Education Activity Information:	
Presenter:	
CE Activity Title:	
Date of Activity:	

Section 2 of 5: Review NANCEAC Standard 3

The CE Provider must ensure that all activities from initial development to final execution are independent from commercial bias or interest, or conflict of interest (real or apparent).

The CE Provider may not accept financial support from any entity that makes its support contingent on having control over any aspect of the provider's CE activities.

If the CE Provider receives any external financial or commercial support, the Provider must disclose, in writing, all terms and conditions of that financial or commercial support. Financial or commercial support includes but is not limited to grants, sponsorships, or the donation of products or services, such as food or promotional materials.

Section 3 of 5: Disclosure

In the last 12 months, have you (or anyone with whom you have a personal relationship) had a personal financial relationship with the manufacturer of the products or services that will be discussed in this CE activity?

___ NO (skip to **Attestation to deliver unbiased content** section 4 of 5 below)

___ YES (please list your disclosures on the next page)

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Indicate financial interactions with commercial entities by checking the appropriate box(es).

Nature of Financial Relationship- Performance of work

In which capacities have you performed any work for the sponsor or any commercial entity that has a product or class of products that will be discussed in the CE activity? (Check all that apply):

- Consultant or Advisor
- Employee
- Independent Contractor
- Office or Director
- Fiduciary Agent
- Research and Support
- Other: _____

Nature of Financial Relationship-Compensation

For the work performed for the sponsor or any commercial entity, what form of compensation did you receive? (Check all that apply):

- Consulting Fees
- Honoraria
- Salary or Officer/Director Fees
- Gifts or Gratuities
- Compensation for Service on Advisory Board
- Royalty Payments
- None

Nature of Financial Relationship- Investment

Do you own stocks, have stock options, or have other forms of ownership in the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the program? (Check all that apply and attach a separate page describing each, including the specific types – e.g., stock names – and whether or not the stock is publicly traded):

- Ownership
- Own stocks
- Have stock options
- Other: _____

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Section 4 of 5: Attestation to deliver unbiased content

If you reported relevant financial relationships in the chart on page 2, will any of these relationships impact your ability to present an unbiased presentation? __ YES __ NO

To be completed by person named in section 1 of 5:

Attestation to deliver unbiased content.

Unbiased content in CE activities: As an individual involved in development or execution of a CE activity, I am aware that:

- Presentations, individually or in combination during the activity, must give a balanced and unbiased view of the therapeutic options.
- Generic names should be used if possible. If trade names are used, products from several companies should be named.
- If information is to be presented that is not established naturopathic medical practice, the information must be identified as such.
- I attest that all the foregoing information is complete and truthful.

Signature of person named in section 1 of 5

Date

Section 5 of 5: Financial Attestation Form

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact NANCEAC as soon as possible.

Please write "Agree" or "Disagree" and initial in the blanks below:

_____ **Disclosure:** I have disclosed to NANCEAC all relevant financial relationships, and am aware that this information will be disclosed to the participant in writing.

_____ **Best-Available Evidence:** I will present content that promotes quality or improvements in naturopathic medical healthcare. The content of this activity, including any presentation of therapeutic options, will be well-balanced, evidence-informed, and unbiased.

_____ **Free of Commercial Bias:** I will present content that is free from commercial bias and that does not promote a specific proprietary business interest of a commercial entity. No product, service or therapeutic option will be over-represented when comparing competing products, services and therapeutic options.

_____ **Scientific Integrity:** When I am providing recommendations involving clinical medicine, they will be informed by evidence that is accepted within the naturopathic profession. All scientific research referred to, reported or used in the CE activity will conform to the generally accepted standards of experimental design, data collection and analysis.

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_____ **Generic Names:** When I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not only trade names from a single company.

_____ **Content Review:** I understand that NANCEAC may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

_____ **HIPAA:** I will comply with patient confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA).

_____ **Copyright:** I will obtain the necessary copyright permission(s) if any portion of my CE activity materials prepared is not my original work and if I do not hold the copyright.

_____ **Payments:** I have not and will not accept any honoraria, additional payments or reimbursements beyond the agreed upon honoraria, payments or reimbursements.

Signature of person named in section 1 of 5

Date

**To be completed by CE Program Director:
Resolution of conflict of interest is required when a financial relationship is disclosed.**

**Resolution of real or apparent conflict of interest will be accomplished by:
(check one or more)**

- Signed Attestation Form (above)
- Peer review of content *
- Altering control over content *
- Excluding the planner, presenter or author from participation *
- Other alteration, restriction or data*

*please attach explanation and verification to this form

Signature of CE Program Director

Date

Return this form to NANCEAC:

Scan the document and send to NANCEAC@fnmra.org

OR send by mail to:
9220 SW Barbur Blvd
Ste 119, #321
Portland, OR 97219