



Faculty Information Sheet

Full Name _____ Credentials _____

Email _____ Daytime Phone (_____) _____

Work Address _____

Presentation Title: _____

Learning Objectives (see attached LO Guidelines): Upon completion of this educational activity, participants will be able to:

Detailed Biographical Sketch - required for all involved in content delivery and development – please include educational and professional background. Enter below or attach bio.

Affiliation - Please complete all that apply:

Academic

Title _____

- Department/Division _____
- College/University _____
- City/State _____

Clinical

- Title _____
- Workplace _____
- City/State _____

Other

- Title _____
- Workplace _____
- City/State _____

Please return to: Colleen McMullen @ cmcmu2@uky.edu



Disclosure of Financial Interest

In accordance with policies of the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Pharmacy Education (ACPE), University of Kentucky UK HealthCare CECentral (UKHCCEC) requires all planners, speakers, authors and content reviewers with an opportunity to affect the content of a continuing education activity to disclose any relevant financial relationships during the past 12 months with commercial interests. Relevant financial relationships also include relationships of a spouse or significant other.

A commercial interest is any proprietary entity producing, marketing, re-selling or distributing health care goods or services consumed by or used on patients. Excluded from the definition of commercial interests are non-profit or government organizations, non-health care related companies, liability insurance companies, health insurance providers, group medical practices, and for-profit hospitals, rehabilitation centers and nursing homes.

Relevant financial relationships with commercial interests and conflicts of interest resulting from those relationships must be revealed to the audience and resolved prior to the activity. Persons refusing to disclose or resolve relevant financial relationships will be disqualified from being a part of the planning and implementation of this CE activity.

Name: _____ Affiliation: _____

Activity Role: Speaker Author Planner Content Reviewer Other : _____

My spouse, significant other, or I **have not** had any relevant financial relationships during the past 12 months.

My spouse, significant other, or I **currently have or have had** the following relevant financial relationships (in any amount) during the past 12 months:

Name of Commercial Interest	Relationship with Commercial Interest*	Type of Compensation Received**

***Relationship with Commercial Interest:** speaker, author, consultant, independent contractor (including research), employee, investor, advisory committee member, board member, review panelist, or investigator

****Type of Compensation Received:** salary, royalty, intellectual property rights, consultant fee, honorarium, ownership interest (excluding diversified mutual funds), or other financial benefit (Indicate compensation category only, not amount received.)

By signing below, I certify that the information I have provided is accurate to the best of my knowledge.

Signature

Date

Nursing Only – Reviewed By _____
Signature

Date