

## Attachment 2 Biographical data

Complete the table below for each person in a position to control content of the educational activity and include name, credentials educational degree(s), role on the planning committee. There must be one Nurse Planner and one other individual to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the Northeast MSD/ANCC criteria.

There must be at least two people—one Nurse Planner and one other planner—to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert) and can also be the Nurse Planner or a Presenter who is on the Planning Committee. **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

Columns D, E, and F relate to the nurse planner's assessment of **Conflict of Interest** for the individuals in column A. For questions about how to assess for conflict of interest for columns D, E, and F review the *ANCC Standards for Industry Support in CNE Activities* (specifically Section F, page 6):

A	B	C	D	E	F	G
<b>Name of individual and credentials</b>	<b>Individual's role in activity</b> <ul style="list-style-type: none"> <li>• Nurse Planner (only one)</li> <li>• Content Expert</li> <li>• Other- Planner</li> <li>• Presenter/Author</li> </ul>	<b>Planning Committee member?</b> (Yes/No)	<b>Content related to commercial interest entity?</b> (Yes/No)	<b>Commercial interest relationship?</b> (Yes/No)	<b>If Yes in E: Name of commercial interest &amp; nature of relationship</b>	<b>If Yes in C, D, and E: COI Form required</b> (Yes, or N/A)
<i>Example: Jane Smith, RN-BC</i>	<i>Nurse Planner</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>None</i>	<i>N/A</i>
<i>Example: Sue Brown, RNC</i>	<i>Content Expert</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>None</i>	<i>N/A</i>
<i>Example: John Doe, PhD</i>	<i>Presenter</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>Pfizer Speakers Bureau</i>	<i>Yes</i>
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Completed by (Activity Nurse Planner):

Date: