

**This information is required to identify potential conflicts of interest. Conflicts of interest disclosure statements identify the presence or absence of any potentially biasing relationship of a financial, professional or personal nature.

Association of Women's Health, Obstetric and Neonatal Nurses

Full Disclosure Policy of Relationships with Commercial Entities

Title of Research Proposal:

Primary Investigator Name and Credentials:

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) strive to ensure balance, independence, and objectivity in the educational and research activities it sponsors. Those in a position to effect research or content of an educational activity are expected to disclose to AWHONN the presence or absence of any potentially biasing professional or personal relationships in addition to *relevant financial relationships with any commercial entity that produces, markets, sells or distributes healthcare goods or services consumed by or used on patients. An entity is not a commercial interest if it is a government body, a non-profit (503-C) organization or a non-healthcare related entity. AWHONN does not consider providers of clinical service directly to patients such as acute care hospitals, for-profit or not-for-profit, to be commercial interests.*

"Financial relationships" are defined as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor, consulting, speaking and teaching, membership on advisory committees or review panels, board memberships and other activities from which remuneration is received, or expected. AWHONN considers financial relationships to include financial relationships of a spouse or partner. *"Relevant financial relationships"* are financial relationships in any amount occurring within the past 12 months.

PLEASE COMPLETE

A. Do you or your spouse or partner have, or have you had in the past twelve months, a relevant personal, professional or financial relationship with a commercial interest producing, marketing or selling health care goods or services consumed by or used on patients?

____YES

NO

B. If YES, please list the name of the company and describe the nature of your relationship(s) (AWHONN does not want to know how much you received):

Company/Commercial Entity	Relationship

By signing this statement, I hereby agree that in connection with my research or educational activity, I will comply with AWHONN's *Full Disclosure Policy of Relationships with Commercial Entities.*

NAME_____

DATE_____

SIGNATURE_____