

**OHIO LEAGUE FOR NURSING, Provider Unit Documentation Form Single CE Activity**

Name of OLN Provider Unit:

OLN Provider Unit Number:

**BIOGRAPHICAL DATA FORM (as of 2/2013)**

**Complete this form for each member of the planning committee and each faculty presenter. An individual may be both on the planning committee and be a faculty presenter.**

Check those applicable: \_\_\_\_\_ RN Providing Direction \_\_\_\_\_ Planning Committee \_\_\_\_\_ Faculty

Name and Credentials:

Address:

City, State, Zip

Telephone:

Email address:

Current Position (Title, Place of Employment, & Description):

Education (list each credential, where obtained, and major area of study)

Credential	Where Obtained (School Name)	Area of Study

**If you are FACULTY OR PRESENTER, describe your expertise on this topic:**

**Conflict of Interest of Planning Committee Member & Faculty**

Conflict of interest is defined as having a significant financial interest in a product to be discussed or is or has been an employee of a company with such financial interest. Conflict of interest does not prevent a person from being a member of the planning committee or a speaker from making a presentation, but the audience must be informed of this relationship at the start of the activity.

\_\_\_\_\_ I have no real or perceived conflicts of interest that relate to this presentation.

\_\_\_\_\_ I have the following or perceived conflicts of interest that relate to this presentation

\_\_\_\_\_ Conflict of interest has been resolved by:

Signed \_\_\_\_\_ Date \_\_\_\_\_