

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING**

**CONTINUING EDUCATION COMMITTEE  
PROVIDER UNIT POLICY AND PROCEDURE**

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**TITLE OF POLICY:** ENDORSEMENT OF COMMERCIAL PRODUCTS

**DATE EFFECTIVE:** November, 1995

**POLICY:** Educational activities that are supported by commercial product companies may be awarded contact hours. Accreditation refers to the recognition of educational activities only and does not imply ANCC Commission on Accreditation endorsement of any commercial product.

**PROCEDURE:**

1. Determination of educational objectives, content, and selection of the faculty is the responsibility of the provider unit and is not influenced by commercial product companies.
2. When commercial exhibits are part of an educational activity, the exhibits do not influence or interfere with the presentation of the educational activity. Exhibits and promotional materials are not displayed or distributed in the same room as the educational activity.
3. Time that is separate from the educational activity is allotted during the day for visiting exhibits. Contact hours are not awarded for visiting exhibits.
4. Commercial support for an educational activity is acknowledged in print to the audience. This is seen in the promotional materials for the educational activity and/or in the proceedings manual or handout materials. A statement indicating that accreditation refers to the recognition of educational activities only and does not imply endorsement of any product by the provider unit or the Commission on Accreditation is also included in promotional activities.
5. Nurse Planners will follow the recommendations of the *ANA Position Statement on Commercial Support of Continuing Nursing Education*.
6. Presenter disclosure forms and Letters of Agreement regarding terms, conditions, and purposes of educational grants will be obtained when commercial support is involved.

Revised: 7/97, 5/98, 4/99, 12/00

Reviewed: 00/01

Attachment: Presenter Disclosure Form



University of Pittsburgh  
School of Nursing

3500 Victoria St.  
Pittsburgh, PA 15261

**PRESENTER DISCLOSURE FORM**

It is the policy of the University of Pittsburgh School of Nursing to insure balance, independence, objectivity, and scientific rigor in all of its individually sponsored or jointly sponsored educational activities. All faculty participating in any sponsored activity are expected to disclose to the activity audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the presenter's outside interests may reflect a possible bias in either the exposition or the conclusions presented. The format for disclosure of financial interests on handouts distributed at courses is as shown in the following example: "Dr./Ms. Smith is a stockholder of ABC Pharmaceutical Company."

NAME OF EDUCATIONAL ACTIVITY: \_\_\_\_\_

DATE OF PRESENTATION:  
\_\_\_\_\_

PRESENTER'S NAME:  
\_\_\_\_\_

DEPARTMENT/DIVISION for University of Pittsburgh/UPMC Health System: \_\_\_\_\_

**CHECK ONE:**

*I have no actual or potential conflict of interest in relation to this activity or presentation.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.*

Affiliation/Financial Interest:      Name of Organization(s):

Grant/Research Support  
\_\_\_\_\_

Consultant  
\_\_\_\_\_

Speakers' Bureau  
\_\_\_\_\_

Stockholder  
\_\_\_\_\_

Other Financial or Material Support \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your cooperation in complying with this standard is appreciated.  
Please return this form as soon as possible to the Nurse Planner at: \_\_\_\_\_