

SAMPLE Disclosure Document

To receive contact hours nurses must attend 80% of this CNE activity and submit an evaluation form.

Neither the speaker nor members of the planning committee have any conflicts of interest related to the content of this activity.

This nursing continuing professional development activity was approved by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

If/when applicable also include:

This nursing continuing professional development activity is being joint provided with _____.

The expiration date for learners to access this enduring, educational activity is _____.

This nursing continuing professional development activity is supported by (name of commercial interest organization).

If speaker(s) has a resolved conflict of interest:

_____ is on the speaker's bureau for (name of commercial interest organization).