

American College of Nurse Practitioners (ACNP) Speaker Release Form

Name: _____
(Name, Degrees and Credentials)

Abstract # : _____ Presentation Title: _____

Date of Presentation: _____

Disclosure of Vested Interests of Presenters / Content Experts

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the presenter already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest must be disclosed to the conference participants. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation. Please describe both the company and the nature of your relationship (e.g. speakers' bureau, board member, recipient of research support.)

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

____ I have the following real or perceived conflicts of interest that relate to this presentation:

Disclosure of Off-Label Use of Drugs or Medical Devices

Recommended use of a drug or medical devices, for purposes that are not FDA approved, is considered "off-label" use and the audience must be informed.

____ I will not be discussing any off-label uses.

____ I will be discussing off-label uses. Please describe the drug / product and the proposed use.

Permission to Tape

I _____, hereby consent to the recording of my presentation at the American College of Nurse Practitioners National Clinical Conference. I hereby expressly waive any claim for liability on the part of ACNP or the audio recording company and agree that no claim or compensation in connection with these recordings is due, now or in the future.

Speaker's Signature: _____ Date: _____

Please return to: American College of Nurse Practitioners
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