**Name of OLN Provider Unit: Ohio Hospital Association OLN Provider Unit Number: OLN-0017-P**

**BIOGRAPHICAL DATA FORM**

**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:

Name of Organization

Address:

City, State, Zip

Telephone:

Email address:

Current Position (Job Title, EDU Credentials, Organization Name):

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

|  |  |  |
| --- | --- | --- |
| **Credential**  | **Where Obtained (School Name)** | **Area of Study** |
|  |  |  |
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|  |  |  |

**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.

**Check One:**

 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:

**Your Signature and Date signed is Required**

**(electronic signatures are allowed – please type in your name and date)**