

**OAKTON COMMUNITY COLLEGE/ALLIANCE FOR LIFELONG LEARNING
CONTINUING EDUCATION FOR HEALTH PROFESSIONALS
(OCC/ALL/CEHP)
CONFLICT OF INTEREST FORM**

Name: Ashad Majid

Activity Date: 10/08/09

Activity Title: Great Lakes Regional Stroke Network

Purpose: It is the policy of Oakton Community College/Alliance for Lifelong Learning Continuing Education for Health Professionals (CEHP), in accordance with the American Nurses Credentialing Center (ANCC), to ensure balance, independence, objectivity, and scientific rigor in all nursing continuing education activities. Anyone engaged in content development, planning or presentation must complete this form.

Persons who fail to sign and return this form are not eligible to be involved as a presenter/planner.

Title of Presentation: Maximizing IFA Administration	Please indicate your role in this activity: <input type="checkbox"/> Presenter/ Author <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Planning/Approval <input type="checkbox"/> Committee
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Disclosure of Relevant Financial Relationships

- Relevant financial relationships are those in which an individual (including the individual's spouse/partner) in the last 12 months:
- Has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services; and who
- Also has control over educational content (planning or presenting) related to products and/or services of the commercial interest(s).

Regarding your role in this activity (check one):

- No, I have no relevant personal financial relationship. (If you check this box, skip to Declaration below.)
- Yes, I do have a personal financial relationship with a commercial interest and control over educational content related to the products/services of the commercial interest(s). (Provide information below.)

Nature of Financial Relationship	Name of Company(s) and relationship	Self	Spouse/Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Principal investigator or working directly for company/company's agent)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honaria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe):		<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I will uphold CEHP continuing educational standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this activity.

Signature: _____

Date: 9/15/09