**IAA DISCLOSURES TO PARTICIPANTS**

*(This information is required to be shared with participants prior to activity)*

Please Note: this is a **Sample** – you can use this template or put this information within your marketing, on the sign in sheet or in a booklet etc – just ensure all required items are included and note where items are located

**Activity Title**: **Click here to enter text.** **Date:** **Click here to enter a date.**

1. **Approval statement as issued by the accredited approver** *(required)*

*This nursing continuing professional development activity was approved by Connecticut Nurses’ Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation*

1. **Criteria for awarding contact hours***(required)* (see #10 of IA Activity Eligibility and Planning Template)
2. **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation*.*** *(required if clinical activity)* [ ]  YES [ ]  NO (include appropriate statement see #18 of IA Activity Eligibility and Planning Template):
* **If relevant financial relationships were identified**

**•** The names of individuals with relevant financial relationships

• The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)

• The nature of the financial relationships

• A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.

**Example:** Samantha Turner is on the speakers’ bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.

* **If NO relevant financial relationships were identified**

**Example:** None of the individuals with the ability to control content for this activity have relevant financial relationship(s) to disclose with ineligible companies.

***Only Include the following If applicable:***

1. Commercial Company Support [ ]  YES [ ]  N/A (only include statement if applicable)

This CNE activity is supported by (Company name)

[ ]  unrestricted educational grant [ ]  an in-kind donation of (refreshments, meal, or other)

1. Expiration date for enduring activities or materials (only include if applicable)
2. Joint Providership [ ]  YES [ ]  N/A (only include statement if applicable)

If YES – Name of Joint Provider

