American Association of Critical-Care Nurses
Poster Session Form

Title of Activity: _____

Nursing research and evidence-based solutions posters are eligible for CE when presented in conjunction with a live program. The Individual Activity Applicant should enter the poster session in their online application, and then complete and upload or email this Poster Session Form.

Every poster title, and every author should be listed. The Nurse Planner is responsible for assessing for relevant relationships for EVERY poster author. If a poster author HAS a Relevant Relationship[1] with a Ineligible Company[2] the Nurse Planner must complete and submit an Individual Disclosure and Mitigation Form, and disclose the relationship to learners. If a poster topic is *non-clinical,* do not assess for relationships (relationships are always irrelevant to non-clinical topics). For this form select "no" for relevant relationships.

[1]Financial relationships are relevant if all of the following 3 conditions are met for the individual: 1.A financial relationship, in any amount, exists between the individual and an ineligible company 2. The content is related to the products of an ineligible company with whom the individual has a financial relationship. 3. The financial relationship existed in the past 24 months.

[2] An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples include, but are not limited to: pharmaceutical companies and medical device companies. For specific examples of ineligible companies visit accme.org/standards

Poster Name	First and Last Name	Credentials	Relevant Relationship with an Ineligible Company?
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
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			No ☐ *Yes ☐
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			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐

If yes, an Individual Disclosure and Mitigation Form must be submitted.

Nurse Planner Signature Required

The Nurse Planner is responsible for adherence to the ANCC accreditation criteria. By signing below, the Nurse Planner is attesting that they have assessed EVERY poster author for Relevant Relationships with Ineligible Companies.

_____ _____

Signature Date

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Additional Poster Authors

Poster Name	First and Last Name	Credentials	Relevant Relationship with an Ineligible Company?
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐
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			No ☐ *Yes ☐
			No ☐ *Yes ☐
			No ☐ *Yes ☐

If yes, an Individual Disclosure and Mitigation Form must be submitted.