

**Appendix: B**

**MARYLAND NURSES ASSOCIATION**

**Conflict of Interest/Commercial Support Disclosure Statement**

**Name:**

**First**, list the names of commercial interests, with the exemption of non-profit or government organizations and non-health care related companies, with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

**Second**, describe what you or your spouse/partner received (ex. salary, honorarium etc.)



MNA does NOT want to know how much you received.

**Third**, describe your role.

Source of Relevant Financial Support (Potential Conflicts of Interests as well as other sources).	Nature of Relevant Financial Relationship (Include all those that apply) What was received      For What Role?

/ \_\_ / I do not have any relevant financial relationships with any commercial interests.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Example terminology

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or their financial benefit.

**Role(s):** Employment, management position, independent contractor (including contracted research, consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

