



**National Association of
Pediatric Nurse PractitionersSM**

40 Exchange Place, Ste. 1902

New York, NY 10005

Ph: 917-746-8300

www.napnap.org

NAPNAP Faculty Declaration Form

Presentation Title: _____

Presenter Name(s): _____

☐ In the last two years, neither I nor any member of my immediate family has had a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Signature: _____

Date: _____

(OR)

☐ In the last two years, I or an immediate family member have had a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Affiliation/Financial Interest

Name of Organization(s)

Honorarium: _____

Grant/Research Support: _____

Consultant: _____

Speakers' Bureau: _____

Major Stock Shareholder: _____

Employee: _____

Other Financial or Material Support: _____

Signature: _____ **Date:** _____

Discussion of 'Off-Label' Use

☐ I **will** be discussing/demonstrating any "off-label" use of drugs or medical devices.

(OR)

☐ I **will not** be discussing/demonstrating any "off-label" use of drugs or medical devices.

If yes, please list what "off-label" use of drugs or medical devices will be discussed/demonstrated:

Signature: _____ **Date:** _____