# Sample Disclosure Outline

Outline for required Disclosure to Learners to be included in the confirmation letter or other pre-event communication, posted clearly at the registration table, or at the beginning of activity via handout or the first slide of the first PowerPoint presentation. These must be provided in writing to the learner before the beginning of the educational content. The disclosures must include items 1-4 and 5-6 if applicable.

<table>
<thead>
<tr>
<th>Required area of information to be Disclosed</th>
<th>Suggested (or required-as indicated) wording of disclosure to be included in the handout or first slide of PowerPoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title of the Course</td>
<td><strong>Must be exactly as it appears on the application for approval</strong></td>
</tr>
<tr>
<td>2. Criteria for Successful Completion</td>
<td><strong>Insert participant requirements to receive contact hours</strong></td>
</tr>
</tbody>
</table>
| 3. Conflict of Interest | **MUST CHOOSE ONE and delete the others:**  
This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest. **OR**  
No individuals in a position to control content for this activity has any relevant financial relationship to disclose. **OR**  
The following individuals in a position to control content for this activity declare they have a commercial interest relationship relevant to the content of this activity and it has been resolved with the nurse planner.  

(Insert type of relevant financial relationship and name of commercial interest entity)  

Examples:  
Ann Jones, RN is on the speakers Bureau for XYZ Company  
John Smith owns stock in ABC company |
| 4. Commercial Support | **MUST CHOOSE ONE and delete the others:**  
(Insert Name of Commercial Interest) provided financial or in-kind support for this activity. **OR**  
There is no commercial support being received for this event. |
| 5. Official Approval Statement  
**This statement must not be altered.** | This continuing nursing education activity was approved by the American Holistic Nurses Association (AHNA), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.  
(Recommended to include) Approved to award xx contact hours AHNA # xxxx |
| 6. AHNA Non-endorsement of Modality Statement.  
**This statement must not be altered.** | Approval for contact hours through the American Holistic Nurses Association (AHNA) is based on an assessment of the educational merit of this program and does not constitute endorsement of the use of any specific modality in the care of clients. |
| 7. Expiration Date for Enduring Materials (learner paced activities) if applicable | Origination date: (Insert approval date)  
Expiration date: (Insert date-2 years from approval date) |
| 7. Joint Provider(s) if applicable | This activity is being jointly provided by [Insert Applicant’s Organization Name] and [insert Joint Provider Organization’s name(s)]. |

Template has been developed and informed from the Western Multi-State Division (MSD) http://www.westernmsd.org/