

## Biographical Data Form – 2013 Criteria

<b>Section I: Demographic Data</b>				
<input type="checkbox"/> Planners				
<input checked="" type="checkbox"/> Faculty/Presenters/Authors/content reviewer				
Name, Degrees & Credentials: <b>Carol Ward, MSN, NPD-BC</b>				
If an R.N., nursing degree(s): <input type="checkbox"/> AD <input type="checkbox"/> Diploma <input type="checkbox"/> BSN <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD				
<input checked="" type="checkbox"/> Home Address <b>OR</b>	Number and Street:		City:	State:
<input type="checkbox"/> Business Address	<b>9804 Indigo RD</b>		<b>Oklahoma City</b>	<b>OK</b>
Daytime Telephone Number (with area code): <b>405 210-8278</b>			Email Address: <b>carol.ward@oumedicine.com</b>	
Present Position (Title): <b>NPD Education Specialist</b>			Employer: <b>OU Medical Center, Oklahoma City, OK</b>	
<b>Section II: Expertise</b>				
PLANNERS: Describe your familiarity with the target audience: <b>Not Applicable</b>				
FACULTY / PRESENTERS / AUTHORS: Describe your expertise in this topic: I am the Nursing Professional Development Education Specialist for OU Medicine, Inc. My duties consist of developing, implementing, and evaluating education programs for orientation and continual learning for the organization staff. Duties include over-site and administration of the Clinical Recognition Program for staff engagement and enhanced professionalism and over-site of the OUMI ANCC accredited with distinction CNE program. Time in service includes 30 years clinical experience in the specialty areas of ICU, Emergency Department, Interventional Radiology and Procedural type nursing with sedation and recovery responsibilities. Education program development, implementation, and evaluation for the Education Department at OUMI. Board certifications include NPD and Medical-Surgical specialties.				
<b>Section III: Conflict of Interest</b>				
All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships within the past 12 months with any commercial interest.				
<ul style="list-style-type: none"> <li>• Relevant relationships are relationships with a commercial interest if the products and services of the commercial interest are related to the content of the educational activity</li> <li>• Commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.</li> </ul>				
A. Is there a potential conflict of interest for you or your spouse/partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<i>If yes, list company(ies) with relationship:</i>				
Check all that apply:	Category:	Name of commercial interest and description of relationship:		
<input type="checkbox"/>	Salary			
<input type="checkbox"/>	Royalty			
<input type="checkbox"/>	Stock			
<input type="checkbox"/>	Speakers Bureau			
<input type="checkbox"/>	Consultant			
<input type="checkbox"/>	Other			
Signature (enter name and check box below): <b>Carol Ward</b>				Date: <b>10/05/2020</b>
<input checked="" type="checkbox"/> <b>By checking this box, I am approving my electronic signature appearing above and approving all the information Entered on this form.</b>				