

## **Conflict of Interest Policy**

The Boards of (the “Board”) of the American Nurses Association, American Nurses Credentialing Center, and American Nurses Foundation (together, “ANA”) resolve that the following Conflict of Interest Policy is adopted to protect the best interests of ANA and to comply with applicable legal requirements. The directors, officers, and key employees of ANA (“Leaders”) are responsible for acting in loyalty to ANA in their deliberations and decisions in the direction and management of the ANA. Leaders will act in good faith to serve ANA and its tax-exempt purpose by preventing conflict of interests that could inure undue benefits to Interested Parties, as defined below.

### Key Employees

A “Key Employee” is an employee of ANA who:

- Is one of the five highest compensated employees of ANA;
- Receives or is expected to receive reportable compensation from ANA and all related ANA organizations in excess of \$150,000 for the calendar year ending with or within the ANA's tax year; and
- At any time during the calendar year ending with or within the ANA's tax year:
  - has responsibilities, powers, or influence over the ANA as a whole that is similar to those of officers, directors, or trustees; or
  - manages a discrete segment or activity of the ANA that represents 10% or more of the activities, assets, income, or expenses of the ANA as compared to the ANA as a whole; or
  - has or shares authority to control or determine 10% or more of the ANA's capital expenditures, operating budget, or compensation for employees.

### Interested Parties

Because public policy and good governance require, the Policy addresses conflicts with Interested Parties that are not exclusive to Leaders. Interested Parties include:

- Directors and their family members;
- Officers and their family members;
- Members of committees of the board of directors, membership or ANA
- Key Employees and their family members;
- The directors, officers and Key Employees serving ANA in the prior five fiscal years;
- A member of any grant selection committee that grants scholarships, fellowships, discounts on services or goods, internships, or awards;
- Individual contributor of at least an aggregate of \$5,000 within the last five years or their family member;
- An ANA organizational contributor of at least an aggregate of \$5,000 within the last three years; or
- A 35% or more controlled entity of one or more of the individuals or organizations above.

### Conflict of Interest

A conflict of interest may arise when a Leader has an existing or potential financial or other material interest that impairs or might appear to impair his or her independence and objectivity in the discharge of responsibilities and duties to ANA.

### Disclosure

Each Leader has the obligation to identify and disclose to the ANA Board of Directors when s/he is subject to a conflict of interest. Each Leader shall sign the ANA Conflict of Interest Statement and, if applicable, the Financial Disclosure Form.

If such Leader is a Key Employee, s/he shall complete and sign the statement and disclosure form, if applicable, when s/he first is hired as a Key Employee and shall complete and sign the conflict of interest disclosure statement on an annual basis. If such Leader is a director or officer, s/he shall complete and sign the statement and disclosure form, if applicable, by the close of the first ANA Board of Directors meeting of a new term and complete and sign the conflict of interest disclosure on an annual basis. In addition, by the close of the first Board of Directors meeting of a new term, each officer and director shall sign the Confidentiality and Assignment of Intellectual Property Rights Agreement.

### Process and Remedy

The Board will review submitted disclosures, determine whether a conflict of interest exists, and, if so, will determine whether such conflict materially and adversely affects ANA's interests. If it is determined that an actual or potential material conflict of interest exists that adversely affects ANA's interests, the Board will also determine an appropriate remedy. Such remedy may include, for example, (i) waiver of the conflict of interest as unlikely to affect the Leader's ability to act in the best interests of ANA; (ii) recusal of the conflicted Leader from participating in certain matters pending before ANA, the Board, or other ANA body; or (iii) resignation or separation of the conflicted Leader from his or her position with ANA (subject to the terms of any pertinent employment agreement).

A Leader whose potential conflict is under review may not debate, vote, or otherwise participate in such determination, except to disclose material facts and to respond to questions, and shall further abstain from participating in any ANA matter affecting the interest under review, pending a determination from the Board. Further, any director, officer, or committee member who is the Interested Party to the potential conflict will recuse himself or herself from deliberation and voting but may present information to the Board at its invitation to disclose material facts and to respond to questions.

All disclosures, decisions, or actions of the Finance, Investment, and Audit Committee made under this Policy shall be properly documented in meeting minutes or other appropriate records of ANA and will be reported, as appropriate, to regulators, including the Internal Revenue Service and state regulators. Records under the Policy will be maintained for seven years.

### Delegation

The full Board may delegate its authority to review and remedy potential conflicts of interest to a subcommittee of disinterested members of the Board or the Chief Compliance Officer. The subcommittee or Chief Compliance Officer shall inform the Board of the outcome of the review and recommended remedy, if necessary. The Board shall retain the right to modify or reverse such recommendation, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

ADOPTED ON December 1, 2017

## ANA ENTERPRISE

### CONFLICT OF INTEREST DISCLOSURE STATEMENT FINANCIAL INTEREST DISCLOSURE STATEMENT

The American Nurses Association (ANA) and American Nurses Credentialing Center (ANCC) Boards of Directors, American Nurses Foundation (Foundation) Board of Trustees, related committees, task forces, and Enterprise Key Employees are involved in the business, finances, and governance of ANA and its subsidiaries and, in their roles, have access to confidential, proprietary, trade secret information. To ensure that conflicts of interest do not arise among Key Employees, volunteers, and elected or appointed leaders working with ANA Enterprise Boards, Committees and/or Task Forces, Key Employees, volunteers, and elected and appointed leaders are asked to review and complete the Conflict of Interest Disclosure Statement and, if necessary, the Financial Interest Disclosure Statement. Additionally, all ANA directors, officers, and Key Employees (collectively, including volunteers, “Covered Individuals”) are required to review and complete the Conflict of Interest Disclosure Statement and, if necessary, the Financial Interest Disclosure Statement, as required under the ANA Enterprise Conflict of Interest Policy.

The following definitions and instructions are intended to provide guidance to Covered Individuals who are completing the **Conflict of Interest Disclosure Statement** and the **Financial Interest Disclosure Statement**.

#### DEFINITIONS:

“**Conflicts of Interest**” may arise when a Covered Individual or a member of his or her immediate family (i.e., spouse/partner, daughter/son, brother/sister, father/mother) has either:

1. a significant **personal financial interest in, or business relationship with**, an entity that may be affected by the outcome of the ANA project with which the Covered Individual will become or is involved, e.g., the volunteer’s spouse/partner owns a medical quality assurance consulting firm and the volunteer wants to advise on NDNQI; or
2. a significant individual **professional benefit** that may arise as a result of the outcome of the ANA Project with which the Covered Individual will become or is involved, e.g., a university professor who is seeking a research grant on the aging workforce and will be developing survey questions on the same topic for ANA’s web site.

Conflicts of Interest may lead to an action, omission, or situation which compromises the independence and objectivity of the Covered Individual in the discharge of responsibilities and duties to ANA. Both actual and perceived Conflicts of Interest must be disclosed, although such conflicts do not necessarily preclude appointment.

An ANA “**Project**” is the work of any ANA Board, Committee, or Task Force that implements or furthers the work of ANA and which may have an impact on commercial markets or academic standing. Examples include and are not limited to: advisory committees, commissions, the Reference Committee, and a nursing standards committee.

“**Significant Financial Interests**” (SFI) are anything of monetary value from a business entity including salary, payments for service, consulting fees, honoraria, equity ownership (stocks, options, notes, etc.) and royalty-bearing intellectual property rights (patents, copyrights, trademarks). Income from an entity or equity in an entity must be aggregated for the Covered Individual, Covered Individual’s spouse or significant other, or dependent children.

“**Equity ownership**” in a company amounts to an SFI if it exceeds \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value and represents more than a five percent (5%) ownership interest. If a financial interest arises solely from an investment in a business through a mutual fund, pension, or other investment fund over which the individual has no control, it will not be considered an SFI.

A “**significant individual professional benefit**” is a benefit that would flow uniquely to a Covered Individual who will become or is involved with an ANA Project, such as having access to information in advance of the general academic community in a manner that would give the volunteer an unfair advantage of some sort.

**INSTRUCTIONS:**

The ***Conflict of Interest Disclosure Statement*** must be completed by all Covered Individuals and all ANA nominees for appointment. An SFI that may reasonably appear to affect or be affected by the Project must be disclosed. **If an SFI is acknowledged on the *Conflict of Interest Disclosure Statement*, a Financial Interest Disclosure Statement must be completed for each business entity in which an SFI exists.** If no SFI is acknowledged on the Conflict of Interest Disclosure Statement, the Financial Interest Disclosure Statement does not need to be completed.

The ANA Board of Directors, at its sole discretion, will determine whether a disclosed financial interest is an SFI that appears to lead to a Conflict of Interest. If it determines that it does not, the decision will be noted and the Financial Interest Disclosure Statement will be retained in the ANA files. If the board determines additional review is warranted, such review will be initiated according to ANA policy. Similarly, the ANA Board of Directors will determine if a disclosed “significant individual professional benefit” appears to lead to a Conflict of Interest. Appointment decisions are within the sole discretion of the ANA Board of Directors.

**ANA ENTERPRISE  
CONFLICT OF INTEREST DISCLOSURE STATEMENT**

**NAME:** \_\_\_\_\_

**POSITION (DIRECTOR, OFFICER, KEY EMPLOYEE, VOLUNTEER, OR NOMINEE FOR SUCH POSITION):**   VOLUNTEER  

**NAME OR PROJECT (if applicable):** \_\_\_\_\_

CONFLICT OF INTEREST DISCLOSURE STATEMENT	
<input type="checkbox"/>	I/my family members <b>do not have a significant personal financial interest, or business relationship</b> with an entity, that may be affected by the work associated with the ANA and this Project. If you check yes, you must file a Financial Interest Disclosure Statement.
<input type="checkbox"/>	I/my family members <b>do have</b> a significant personal financial interest, or business relationship with an entity, that may be affected by the work of the ANA and this Project.
<input type="checkbox"/>	I will file a Financial Interest Disclosure Statement with the American Nurses Association.
<input type="checkbox"/>	I <b>do not have a significant individual professional interest</b> that may be affected by this Project on which I may participate.
<input type="checkbox"/>	I <b>do have</b> a significant individual professional interest that may be affected by this Project on which I may participate. <b><i>That interest is described as follows:</i></b>
<input type="checkbox"/>	Have you ever had any license to practice suspended or revoked? Have you been otherwise subjected to professional disciplinary action?
<input type="checkbox"/>	Have you been a party in a lawsuit in the past 5 years? If so, please provide case name, number and court location.

I/my family members have an interest or affiliation that may compromise my ability to provide unbiased and undivided loyalty to ANA, or that may otherwise become in conflict with my official duties on behalf of ANA. *That interest is described as follows:*

Signature of the Covered Individual: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ANA ENTERPRISE  
FINANCIAL INTEREST DISCLOSURE STATEMENT**

**NAME:** \_\_\_\_\_

**POSITION (DIRECTOR, OFFICER, KEY EMPLOYEE, VOLUNTEER, OR NOMINEE FOR SUCH POSITION):** VOLUNTEER

**NAME OF PROJECT (if applicable):** \_\_\_\_\_

FINANCIAL INTEREST DISCLOSURE STATEMENT	
Covered Individual's Name:	
Home Phone Number:	
Home Address:	
Home E-Mail Address:	
Employer:	
Position Title:	
Work Address:	
Work Phone Number:	
Work E-Mail Address:	
Employer's Structure: (v one)	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government Agency <input type="checkbox"/> Other- describe:
Name of entity that may affect or be affected by ANA project or Covered Individual's participation:	
Address of This Entity:	
Do you hold a position of employment or other affiliation with this entity? (v)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is the position? (v)	<input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Contractor/Consultant <input type="checkbox"/> Other – describe:

Describe the work of the entity and how it might be affected by this ANA Project with which you may become affiliated as a volunteer (e.g., will the entity sell any product or consult on any issue that is the subject of the ANA’s work on the Project):

---



---



---



---



---

Income anticipated for the next twelve months from the entity (v) : (combine for volunteer, spouse/partner, and dependent children)	
<b>TYPE:</b>	<input type="checkbox"/> Salary <input type="checkbox"/> Consulting Fee <input type="checkbox"/> Honorarium <input type="checkbox"/> Dividends
<b>VALUE:</b>	<input type="checkbox"/> Less than \$10K <input type="checkbox"/> 10K- \$50K <input type="checkbox"/> More than \$50K
Equity - stock, real estate, other ownership (v): (combine for investigator, spouse/partner and dependent children)	
<b>% OWNERSHIP:</b>	<input type="checkbox"/> Less than 5% <input type="checkbox"/> 5% - 25% <input type="checkbox"/> 5% - 50%
	<input type="checkbox"/> More than 50%
<b>VALUE:</b>	<input type="checkbox"/> Less than \$10K <input type="checkbox"/> \$10K- \$100K <input type="checkbox"/> More than \$100K

COVERED INDIVIDUAL’S PRINTED NAME: \_\_\_\_\_

COVERED INDIVIDUAL’S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<p><b>For Internal Use:</b></p> <p>___ The financial interest is not significant and/or does not reasonably appear to lead to a Conflict of Interest which would bias the ANA organizational entity or Project’s work, standards, development, or business.</p> <p>___ The financial interest may be significant and may lead to an actual or perceived Conflict of Interest and is to be submitted to the ANA Board of Directors for additional review and determination.</p> <p><b>Reviewers:</b> _____</p> <p><b>Proposed Appointment</b> _____</p> <p><b>Review Date:</b> _____</p>
---