



**EXPENDITURE DISCLOSURE FORM FOR MANUFACTURERS SUBJECT TO THE PROVISIONS OF SECTION 75 OF PUBLIC ACT 14-217**

THIS FORM IS TO BE USED BY MANUFACTURERS TO DISCLOSE PAYMENTS OR OTHER TRANSFERS OF VALUE TO ANY ADVANCED PRACTICE REGISTERED NURSE REGISTERED TO PRACTICE IN CONNECTICUT, COVERING THE PERIOD OF JANUARY 1, 2015 TO MARCH 31, 2015. THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT OF CONSUMER PROTECTION NO LATER THAN JULY 1, 2015.

You must disclose allowable expenditures and gifts which are not banned.

Name of Manufacturer

Last Name of Recipient

First Name

Medical License Number of Recipient

Connecticut Controlled Substance Registration (if applicable)

Date the Expenditure Incurred

Value/Amount of Expenditure

Nature of the Expenditure

- Cash, Check or Credit Card
- Educational Materials
- Demo/Evaluation Unit
- Loan of Medical Device
- Other

Purpose of the Expenditure

- |   |   |
|---|---|
| Conference Sponsorship                        | Faculty Honoraria/Speaker Fee             |
| Faculty Expense                               | Scholarship/Fellowship                    |
| Educational Materials                         | Medical Device – Loans, Demos             |
| Medical Device Training - Compensation        | Medical Device Training - Other Expenses  |
| Bona fide Clinical Trial - Gross Compensation | Bona fide Clinical Trial - Salary Support |
| Bona fide Clinical Trial - Expenses           | Research Project - Gross Compensation     |
| Research Project - Salary Support             | Research Project - Expenses               |
| Consulting                                    | Gift to Institution/Organization          |
| Other FMV Payment                             |   |
| Other   |   |

FMV Payment Description

Prescribed Product(s) (up to five) to which expenditure or gift relates

Product Type #1

Product Name #1

Product Type #2

Product Name #2

Product Type #3

Product Name #3

Product Type #4

Product Name #4

Product Type #5

Product Name #5

Name of Person Completing This Form

E-mail Address of Person Completing This Form

Date Created 12/29/2014