



## **2021-2022 Call for Nominations**

### *Conflict of Interest Disclosure*

All nominees for **2021-2022 Board of Directors** and **2021-2022 Nominating Committee** positions must submit a Conflict of Interest disclosure form. The form may be signed with an **electronic signature** or it may be printed off, signed and submitted by fax.

Disclosure statements submitted for the 2021-2022 Call for Nominations will be for the reference of the Nominating Committee and AAPM staff only. Completed statements will be kept on file at AAPM Headquarters.

All nominations, including required materials, are due by **Sunday, August 23, 2020. Materials may be submitted via fax, e-mail, or mail:**

- 1) Fax: (847) 375-6477
- 2) Email: [jnodal@connect2amc.com](mailto:jnodal@connect2amc.com)
- 3) Mail: AAPM, 8735 W. Higgins, Ste. 300, Chicago, IL 60631

## **American Academy of Pain Medicine**

### **Conflict of Interest Policy**

To protect the integrity and credibility of the American Academy of Pain Medicine, those involved in elected or appointed leadership positions must disclose conflicts of interest and even the appearance of a conflict of interest. Where a conflict of interest could bias a decision, this should be noted, and the individual with the conflict or the apparent conflict may choose to, or be required to, decline to participate in a particular decision.

A conflict of interest, or the appearance of a conflict, may exist if an elected or appointed leader or spouse, parent, child, sibling, member of household, or any individual with whom the leader has a close personal relationship:

- has a financial interest of \$1,000 or more in an organization that could be significantly affected by a decision of the AAPM;

or

- serves as officer, director, trustee, general partner, employee, agent or representative of such organization;

or

- is negotiating or has an agreement concerning prospective employment, independent contractor relationship, consultancy, or other association with such organization;

Financial interests may include, but are not limited to, honoraria, royalties, consulting fees, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

## American Academy of Pain Medicine Conflict of Interest Policy

### Disclosure Form

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

- 1. Financial:** During the last **twelve (12) months** have you, your spouse, any other relative, any member of your household and/or any individual with whom you have a close personal relationship have or had any financial interest in *any* pharmacological company or medical device manufacturer?

\_\_\_\_ Yes                      \_\_\_\_ No

**If yes**, please complete the following. **Please state the type of relationship** (such as, but not limited to, consultant, speakers bureau, institutional or personal research funding—*funding to you or your institution for a study you participated in*, royalties, employee, paid corporate board), and **the level of remuneration annually for each** (see **Reference Table** at the conclusion of this form).

**Please note:** It is not necessary to list the exact amount of annual remuneration. Simply denote whether the financial interest is “Major” or “Minor” using the reference table on page 3.

<u>Company</u>	<u>Type of Relationship</u>	<u>Level of Remuneration Annually</u> (Major or Minor)

- 2. Service:** Do you, your spouse, any other relative, any member of your household or any individual with whom you have a close personal relationship serve as an officer, director, trustee, general partner, employee, agent or representative of an individual or organization that is a medical device manufacturer, pharmaceutical company, or professional medical association?

\_\_\_\_ Yes                      \_\_\_\_ No

**If yes**, please complete the following:

<u>Name of Company</u>	<u>Person</u> (e.g., self, spouse)	<u>Type of Relationship</u>

Last Name: \_\_\_\_\_

Additionally, do any of the above have a relationship with any other business or association that might be affected by decisions of AAPM?

\_\_\_ Yes                      \_\_\_ No

If yes, please complete the following:

<u>Name of Business or Association</u>	<u>Person</u> (e.g., self, spouse)	<u>Type of Relationship</u>

3. **Miscellaneous:** Are you, your spouse, any other relative any member of your household or any individual with whom you have a close personal relationship negotiating, or do you or they have an agreement concerning prospective employment, consultancy, or other similar association with any pharmacological manufacturer or medical device manufacturer?

\_\_\_ Yes                      \_\_\_ No

If yes, please complete the following. **Please state the type of relationship** (such as, but not limited to, consultant, speakers bureau, institutional or personal research funding--*funding to you or your institution for a study you contributed to*, royalties, employee, paid corporate board) **and the level of remuneration for each** (see **Reference Table** at the conclusion of this form).

<u>Company</u>	<u>Type of Relationship</u>	<u>Level of Remuneration Annually</u> (Major or Minor)

4. **Miscellaneous:** Do you have a family, business, or close personal relationship with any other officer, director, or employee within AAPM or its management company?

\_\_\_ Yes                      \_\_\_ No

Last Name: \_\_\_\_\_

5. **Volunteer Organizations:** Please list all organizations (professional societies, foundations, etc.) that you serve with in leadership capacity: Board of Directors, committees, or task forces.

Organization	Position

6. **Additional comments:**

I understand that any of these interests and relationships may significantly affect, or give the appearance of significantly affecting, my ability to participate impartially as a member of the Academy’s Board of Directors, committees, or task forces to which I have been elected or appointed. I understand that where appropriate, this information may be disclosed publicly.

I agree that the American Academy of Pain Medicine Executive Director may review this disclosure form to determine whether any interest exists that may require disclosure to other participants, disqualification from participation in certain programs, or other appropriate action.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Type of Financial Interest	Minor Financial Interest	Major Financial Interest
Research	Less than (<) \$100,000	More than (>) \$100,000
Funding other than Research	Less than (<) \$10,000	More than (>) \$10,000