



American Osteopathic College of Dermatology Conflict of Interest Policy Statement

The American Osteopathic College of Dermatology has adopted a policy statement regarding conflicts of interest. The AOCD administrative officers, elected officers, trustees and appointed committee chairs and committee members are required to comply with the conflict of interest policy. The policy specifically requires that trustees, officers and employees not use their respective positions with the AOCD to derive direct or indirect financial profit from or otherwise utilize a position with the AOCD to achieve an unfair advantage in issues involving another entity with which they are involved as a board member, officer, employee or in which they have a substantial financial investment. Therefore, any officer, trustee and other appointed officer must submit conflict of interest statement to the AOCD on an annual basis and is expected to update the statement should circumstances change. The key point to addressing conflicts of interest is full disclosure of any relationships that could present a conflict of interest.

By signing this Conflict of Interest Statement, I confirm that I have disclosed on the attached page all of the situations, interests or affiliations that present an actual or potential conflict of interest with the performance of my official duties in the best interest of the AOCD and that except for these relationships, I have no personal material interest or outside affiliation. This includes relationships that not only have the potential for direct and indirect personal profits, but also any entity for which a member of my immediate family or I serve as an officer, director, employee or otherwise hold a significant financial interest. It is recognized that it is not possible to present a listing of all of the outside personal interest, activities or affiliations on the part of the undersigned which might be considered as being, in fact or appearance, in conflict with his or her duty of loyalty to the AOCD and contrary to its best interests.

I understand that I must also disclose any actual or potential conflicts of interest that may arise in the future.

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, and ACCME-defined commercial interest. Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships on a timely basis (DEFINED AS THE INITIAL INVITATION AND TWO REMINDERS) will not participate in, have control of, or responsibility for, the development, management, presentation, or evaluation of AOCD CME activities.

Please review your previous disclosures (attached) and check the appropriate selection.

I confirm that I have nothing to disclose.

I confirm the attached disclosures are current.

I have made updates to my previous disclosures.

Print: _____ Date: _____

Signature: _____

**American Osteopathic College of Dermatology
Disclosure Declaration**

1. Within the past five years, I have served as a director, officer or been an employee of the following organizations with which the AOCD does business (please include colleges of osteopathic medicine, specialty affiliates, divisional affiliates, philanthropic organizations and/or other organizational members of the osteopathic family)

YES** NO

2. I am a director or officer or employee or have a material financial interest in the following entities with which the AOCD transacts business (where appropriate, please identify the nature of the AOCD's relationship with that entity)

YES** NO

3. A member of my immediate family is a director or officer or employee or has a material financial interest in the following entities with which the AOCD does business (please identify the family member and the nature of the AOCD's relationship with that entity)

YES** NO

**If you answered YES to any, please list all information on the Disclosure Declaration Summary page.

4. The following are other relationships that could present an actual or perceived conflict of interest:

There are no relationships that present an actual or potential conflict of interest. I affirm that I have disclosed all relationships that could to the best of my knowledge.

Print: _____ Date: _____

Signature: _____

This form is provided electronically to allow for ample space for responses.

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