



*United to Advance Health Care and Pharmacy Practice*

## **ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE**

In accordance with the Conflict of Interest Policy Statement requiring disclosure of possible conflicts of interest, I state that I or members of my family have the following affiliations or interests and have participated in transactions which, because of my position at the Florida Pharmacy Association (FPA), might possibly constitute a conflict of interest.

1. Identify your major business or professional activity and your title or relationship to such business or activity.

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2. Identify the name and address of your employer or firm.

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3. Identify any affiliations of yourself or your immediate family with FPA that might be considered a possible conflict of interest.

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4. Identify any interests, including investments, of yourself or your immediate family with FPA that might be considered conflicts of interest.

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5. Identify any outside employment, fees or remuneration which you or your family have received from FPA that might be considered a conflict of interest.

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6. Identify any gifts, gratuities or entertainment which you or your family has received from FPA that might be considered a conflict of interest.

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7. Identify all business transactions, such as the purchase or sale of property, between yourself and your immediate family and FPA

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8. Identify any other activities of yourself or your immediate family that may be considered a conflict of interest.

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Signature

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

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Date