



Oklahoma Society of Health-System Pharmacists Conflict of Interest Declaration

Oklahoma Society of Health-System Pharmacists (OSHP) Board of Directors and Committee Chairs (collectively “Representatives”) are responsible for the direction of the business and professional affairs of OSHP. By accepting the duties and responsibilities associated with each Representative’s position within OSHP, each Representative is expected to act only and at all times in the best interest of the organization and its membership. OSHP’s interest must prevail over individual interests and influences so that conflicts of interest are minimized and that information gained through service to OSHP is not used to one’s personal benefit or to the benefit of any conflicting third party.

Therefore, there is a professional obligation to provide advanced written disclosure to OSHP of any actual or perceived conflicts of interest (financial or otherwise) that may (1) bias or influence the individual’s decision making regarding a program, policy, or activity under consideration by OSHP, or (2) create an unfair competitive advantage for any individual person, outside organization, or third party. A Representative with a conflict of interest or bias shall not vote on matters where the conflict or bias is applicable and shall not participate in discussions as advocates on matters affecting their own interests at board and/or committee meetings. A continuing conflict that cannot be resolved through abstinence in voting or participation in discussions may best be resolved by the Representative considering resignation from the OSHP position.

OSHP Board of Directors and Committee Chairs shall complete the Conflict of Interest Declaration Form annually. Disclosure is a continuing obligation, and in addition to the annual completion of this form, the Board will be kept updated of any changes or new information that was not previously disclosed.

I or my spouse/partner do not have any relevant financial relationships within the past 12 months with any commercial interests/organizations in relation to my duties as a member of the OSHP Board of Directors or as a Committee Chair.

I or my spouse/partner do have a possible relevant financial relationship within the past 12 months with a commercial interest(s) as identified below:

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What I received	My role
<i>Example: Company X</i>	<i>Honorarium</i>	<i>Speaker</i>

Signature: _____

Date: _____

Print Name: _____

OSHP Office: _____