# **AASM Foundation** **Conflict of Interest Disclosure Form for**

# **Board of Directors Members**

All current AASM Foundation Board of Directors members must complete a COI disclosure form annually.

## SECTION 1: GENERAL INFORMATION

Full Name: Click or tap here to enter text.

Institution: Click or tap here to enter text.

Role within AASM Foundation: Click or tap here to enter text.

## SECTION 2: CONFLICTS OF INTEREST DISCLOSURE UPON COMMITTEE APPOINTMENT

Definitions:

**Commercial Entity:** For-profit manufacturers

**Intellectual Property:** A work or invention that is the result of creativity, such as a manuscript or a design, to which one has rights and for which one may apply for a patent, copyright, trademark, etc.

**Immediate Family:** Parents, siblings, spouse/partner, and children.

**Advisory Board:** A body that provides strategic advice to the management or Board of Directors of a commercial entity or nonprofit organization

Generally, any conflict that ended at least one year prior to COI disclosure is not applicable and should not be considered a conflict.

**Please check YES or NO for each question.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Conflicts of Interest** | | **YES\*** | **NO** |
| **1** | Are you directly employed or serving as a consultant of a commercial entity? |  |  |
| **2** | Are you, or an immediate family member, in ownership of more than 5% of a sleep-related commercial entity OR stock in a sleep-related commercial entity? |  |  |
| **3** | Have you accepted payments for speaking engagements from a commercial entity? |  |  |
| **4** | Have you received personal gifts, institutional gifts on your behalf, or discounted or free use of material or equipment from a commercial entity of value ≥$1,000? |  |  |
| **5** | Are you a paid or unpaid member of commercial entity board of directors or advisory board related to sleep? |  |  |
| **6** | Are you a member of a board of directors or advisory board of another professional or nonprofit organization related to sleep? |  |  |
| **7** | Are you a member of a speaker’s bureau? |  |  |
| **8** | Are you a recipient of a research or travel grant from a commercial entity? |  |  |
| **9** | Are you a partial or sole owner of intellectual property related to sleep medicine that produces income or other monetary benefit? |  |  |

\*If you answered YES to any questions above, provide full details of all such arrangements in Section 3.

## SECTION 3: CONFLICTS OF INTEREST DISCLOSURE DETAILS

If you answered NO to all questions in Section 2, do not complete this section. If you answered YES to any questions in Section 2, provide full details of all such arrangements, including the entity, type of activity, dates of activity and amount of compensation below:

|  |  |
| --- | --- |
| **1** | Direct employment or consultant services for a commercial entity: |
|  | \*Provide total combined yearly non-investment income  Click or tap here to enter text. |
| **2** | Ownership of a Commercial Entity or Stock: |
|  | Click or tap here to enter text. |
| **3** | Paid Speaking Engagements: |
|  | Click or tap here to enter text. |
| **4** | Personal Gifts, Institutional Gifts on Your Behalf, or Discounted or Free Use of Material or Equipment: |
|  | Click or tap here to enter text. |
| **5** | Member of a Commercial Board of Directors or Advisory Board: |
|  | Click or tap here to enter text. |
| **6** | Member of a Professional or Nonprofit Sleep Related Board of Directors or Advisory Board: |
|  | Click or tap here to enter text. |
| **7** | Member of Commercial Entity Speaker’s Bureau: |
|  | Click or tap here to enter text. |
| **8** | Research or Travel Grants: |
|  | Click or tap here to enter text. |
| **9** | Owner of Intellectual Property: |
|  | \*Provide total yearly income or other monetary benefit  Click or tap here to enter text. |

## SECTION 4: Certification

I certify that I have read, and understand, the AASM Foundation Conflict of Interest Policy for Board of Directors Members. I certify that the information provided is current and correct and that I am in compliance with AASM Foundation policy.

I fully understand the restrictions outlined in the Conflict of Interest Policy for AASM Foundation Board of Directors members.

I fully understand the confidential nature of the AASM Foundation review process and also agree to:

1. Disclose all conflicts of interest, to the best of my knowledge, that I may have with an application or letter of intent in advance of the review.
2. Not participate in discussion or votes regarding funding decisions on an award cycle, application or letter of intent (as applicable) where a conflict of interest exists.
3. Immediately inform the AASM Foundation should any conflict of interest information change.
4. Refer all inquiries concerning the conflict of interest policy to the Chair or other designated AASM Foundation staff member or officer.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Replace Empty Box with Checked Box Here to represent an Electronic Signature:**