

I. Financial Disclosure & Duality of Interest Policy

Statement of Policy

No Board of Directors member shall use his or her position, or the knowledge gained there from, in such a manner that a conflict between the interest of the ATA or any of its affiliates and his or her personal interests arises.

Each Board of Directors member has a duty to place the interest of the ATA foremost in any dealings with the organization and has a continuing responsibility to comply with the requirements of this policy.

Board of Directors or committee members may not obtain for themselves, their relatives, or their friends a material interest of any kind from their association with the ATA.

If a Board of Directors member has an interest in a proposed transaction with the ATA in the form of a significant personal financial interest in the transaction or in any organization involved in the transaction or holds a position as trustee, director, or officer in any such organization, he or she must make full disclosure of such interest before any discussion or negotiation of such transaction.

Any Board of Directors or committee member who is aware of a potential conflict of interest with respect to any matter coming before the Board of Directors or committee shall not be present for any discussion of or vote in connection with the matter.

Financial Disclosure & Duality of Interest Standards

Board of Directors members of the ATA shall submit annual Conflict-of-interest Statements and, if not previously disclosed, shall make disclosure before any relevant Board of Directors or committee action.

Conflict-of-interest Statements shall be reviewed by the Secretary, who will attempt to resolve any actual or potential conflict(s) and, in the absence of resolution, refer the matter to the ATA Board of Directors.

The statement will describe all of your relationships with companies that make products relevant to the decisions and discussions you engage in as a Director or officer on the American Thyroid Association Board of Directors, specifying the type of relationship (e.g., consulting, paid speaking, grant support, equity, and patents) that you have with each company.

When uncertainty exists about the existence of conflict or about the perception of conflict of interest, the Officer or Director should bring the matter to the attention of the Board of Directors (or to a committee of senior members appointed annually for this purpose, by the President).

PLEASE REVIEW CAREFULLY and COMPLETE EACH SECTION

- I. Do you, your spouse or legally recognized domestic partner, or dependent children currently (within the past 12 months) have a financial interest* with any commercial interests**? YES NO
- II. I have the following financial interests*, arrangements, or affiliations with the following commercial interests** (please check in appropriate box if relationship is relevant*** to your participation in this activity; if additional space is needed, please attach):

Commercial Interest(s)	Nature of Financial Relationship					Is this relationship relevant?	
	Grant/ Research Support	Consultant	Major Stockholder	Speakers Bureau	Other (Be Specific)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Financial Relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

- ** A **Commercial Interest** is any proprietary entity producing health care goods and services with the exception of non-profit or government organizations and non-health care related companies.
- *** **Relevant Financial Relationships.** The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. This includes any relationship that could be potentially perceived as a conflict of interest.
- **** **Other** includes patents and/or royalties, serving as an expert witness, or other activities for a commercial sponsor.

III. I attest that I am **not** receiving direct payments from a commercial entity with respect to this activity.

Signature _____ Date _____