



AMERICAN COLLEGE OF ALLERGY, ASTHMA & IMMUNOLOGY
GLOBAL ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM

Approved by the Board of Regents November 10, 2016

Thank you for volunteering your time and expertise towards promoting the College's mission.

Any individual involved in an ACAAI activity or decision-making process is required to disclose any conflicting or potentially conflicting personal, professional or business interest he or she may have, directly or indirectly, with the affected activity.

It is ACAAI's policy that anyone in a leadership role within the College complete an annual conflict of interest disclosure form that identifies ALL financial relationships from the past 12 months.

Position(s) within ACAAI

Check off ALL applicable roles/relationships (current and/or proposed) with ACAAI.

- President or past President
Annual Meeting Planning Committee member
Board of Regents member
Budget/Finance Committee member
Advocacy Council member
Editorial Board member of the Annals of Allergy, Asthma & Immunology or AllergyWatch
Nominating Council member
Staff
Other (please specify below)

FOR ACCME PURPOSES, PLEASE CHECK OFF ANY ROLE BELOW THAT YOU ANTICIPATE TAKING ON FOR AN ACAAI CME ACTIVITY (i.e. ability to control CME content)
Activity Planning member (other than the Annual Meeting)
Speaker/Teacher
Author
Reviewer
Other (please specify below)

List the ACAAI Council/Committee name(s) below

- Chair of a Council/Committee
[Blank lines for listing names]

Employment

List any individual or entity by whom you¹ are employed, are about to be employed, or have been employed within the **past 12 months**.

ORGANIZATION(S)	POSITION TITLE

Relationships with Other Organizations/Entities²

Check off **ALL** applicable roles/relationships (*current and/or proposed*) with any other corporation, association, lay organization, society or foundation.

ROLE/RELATIONSHIP	ORGANIZATION(S)
<input type="checkbox"/> President or Past President	
<input type="checkbox"/> Board of Regents/Directors member	
<input type="checkbox"/> Advocacy Council member	
<input type="checkbox"/> Nominating Council/Committee member	
<input type="checkbox"/> Annual Meeting Planning Committee member	
<input type="checkbox"/> Budget/Finance Committee member	
<input type="checkbox"/> Executive Medical Director	
<input type="checkbox"/> Editorial Board member	
<input type="checkbox"/> Other (<i>please specify below</i>)	

List the Council/Committee name(s) and Organization below

Chair of a Council/Committee of any other national US specialty allergy professional organization

¹ "You" includes you and anyone with whom you directly share income (e.g. spouse, minor child, or business partner) as well as any third party whose interest may affect your decision-making (e.g. sibling or adult child).

² Only report those relationships or interests that reasonably involve the interests of ACAAI or allergy, asthma or immunology.

CONFLICT OF INTEREST AND FINANCIAL DISCLOSURES

It is ACAAI's policy to have anyone in a leadership role within the College complete an annual conflict of interest disclosure form that identifies **ALL** financial relationships from the **past 12 months**.

In accordance with the ACCME Standards for Commercial Support, the American College of Allergy, Asthma & Immunology (ACAAI), as an accredited provider, must ensure all CME Planners and Speakers or Presenters involved in the development of CME content and/or presentation of content, disclose to the accredited provider their [or their spouse/partner's] **financial relationship(s)** with **any** ACCME-defined commercial interest(s).

Persons who fail to complete this form will not be eligible to participate in the CME activity. Disclosure must be made in writing prior to the commencement of their service to ACAAI and must be updated whenever circumstances require or once per year, whichever is sooner.

ACCME-DEFINED COMMERCIAL INTEREST: The ACCME defines a "commercial interest" as any entity producing, marketing, reselling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

Glossary of Terms

Financial relationships: 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. With respect to personal financial relationships, contracted research includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

Relevant financial relationships: ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Financial Relationships with an ACCME-defined Commercial Interest

I [*and/or my spouse/partner*] have a personal financial relationship **currently or in the past 12 months** with an ACCME-defined commercial interest.

YES **NO**

If **YES**, please indicate the financial relationships of yourself [*and/or your spouse/partner*] on the following page.

Financial Relationships for the past 12 months

Click on the box to check that option.

COMPANY/COMMERCIAL INTEREST	ROLE PLAYED	WHAT WAS RECEIVED
<p>Choose a company</p> <p><input type="checkbox"/> Other company not listed in drop down menu above <i>(please specify below)</i></p>	<p><input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker/Teacher <input type="checkbox"/> Advisory Board member <input type="checkbox"/> Clinical Investigator</p> <p><input type="checkbox"/> Other <i>(please specify below)</i></p>	<p><input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Honorarium <input type="checkbox"/> Consulting fee <input type="checkbox"/> Contracted research <input type="checkbox"/> Intellectual property rights</p> <p><input type="checkbox"/> Other financial benefit <i>(please specify below)</i></p> <p><input type="checkbox"/> Ownership interest <i>(e.g. stocks, stock options excluding diversified mutual funds)</i></p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #fff9c4; width: fit-content; margin-left: auto;"> <p>Total Financial Benefit is <i>(check option below)</i></p> <p><input type="checkbox"/> < \$25,000</p> <p><input type="checkbox"/> ≥ \$25,000</p> </div>
<p>Choose a company</p> <p><input type="checkbox"/> Other company not listed in drop down menu above <i>(please specify below)</i></p>	<p><input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker/Teacher <input type="checkbox"/> Advisory Board member <input type="checkbox"/> Clinical Investigator</p> <p><input type="checkbox"/> Other <i>(please specify below)</i></p>	<p><input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Honorarium <input type="checkbox"/> Consulting fee <input type="checkbox"/> Contracted research <input type="checkbox"/> Intellectual property rights</p> <p><input type="checkbox"/> Other financial benefit <i>(please specify below)</i></p> <p><input type="checkbox"/> Ownership interest <i>(e.g. stocks, stock options excluding diversified mutual funds)</i></p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #fff9c4; width: fit-content; margin-left: auto;"> <p>Total Financial Benefit is <i>(check option below)</i></p> <p><input type="checkbox"/> < \$25,000</p> <p><input type="checkbox"/> ≥ \$25,000</p> </div>
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NOTE: If you have more financial relationships to disclose, please attach a separate sheet of paper.

If you have any questions regarding what is considered an ACCME-defined commercial interest and thus needs to be disclosed, please email Julie Cwik, CME Accreditation & Certification Manager, at juliecwik@acaai.org.

Other Actual, Potential or Apparent Conflicts of Interest

Please list any other personal or professional position(s), interest(s), or activities in which you are or are about to be engaged in which reasonably may be anticipated to conflict with the interests of ACAAI.

I certify that the statements I have made on this disclosure form are true, complete and correct to the best of my knowledge and belief.

Signature _____ **Date** _____

Print Name _____

Confidentiality Agreement

Statement of Confidentiality

It is the policy of the American College of Allergy, Asthma & Immunology (ACAAI) that Board of Regents members and other contracted or volunteer members acting for, or on behalf of ACAAI, will not disclose confidential information belonging to, or obtained through, their ACAAI affiliation with any person, including their relatives, friends and business and professional associates, unless ACAAI has authorized such disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

Members are cautioned to demonstrate professionalism, good judgment and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate disciplinary action.

Certification

I have read the American College of Allergy, Asthma & Immunology’s Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform the ACAAI Executive Director immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with the American College of Allergy, Asthma & Immunology.

Signature _____ **Date** _____

Print Name _____