

AMERICAN PODIATRIC MEDICAL ASSOCIATION CONFLICT OF INTEREST POLICY AND DISCLOSURE AGREEMENT

As part of its Code of Ethics, the American Podiatric Medical Association (APMA) has adopted the following policy. As a condition for serving on the APMA Board of Trustees, APMA committees, or as a delegate or alternate of the APMA House of Delegates, APMA members are required to disclose annually their affiliations and must confirm that they are in compliance with the APMA Conflict of Interest Policy.

Such disclosure enables APMA to identify and resolve any potential conflict of interest. A member's affiliation does not necessarily indicate that a conflict of interest is present. Conflicts may exist if affiliations are of the type and nature that could unduly influence the member in a matter under consideration by the APMA.

POLICY:

A Member rendering volunteer or compensated services to the APMA or its component association(s) must acknowledge actual and potential conflicts of interest and recuse him or herself from discussion and action on all issues relevant to the actual or potential conflict. Failure to recuse oneself is considered a violation of the APMA Code of Ethics.

Association decisions and actions must not be based on personal interests or relationships. Material financial interests and material financial relationships¹ with suppliers, contractors, or any groups with competing interests with the APMA must not influence the independent and sound judgment of an individual who serves the APMA or its component associations. Any situation that is or may be a conflict of interest must be avoided. To avoid a conflict of interest one must disclose any relationship(s) that others might misinterpret. An individual who is in a position to actually or potentially influence decisions has a duty of full disclosure. If in doubt about a relationship, it should be disclosed. A conflict of interest may arise through a family relationship. When an immediate or extended family member has a relationship or ownership interest with an entity that may conflict with the APMA, it must be disclosed. Immediate family includes spouses, domestic partners, parents, or children. Extended family includes immediate family members, siblings, aunts, uncles, or anyone living with the member.

Gifts, favors, travel, and entertainment may rise to a level of conflict of interest. Gifts of nominal value, given in the normal course of business are acceptable. Gifts received on a regular or continual basis, gifts of more than nominal value (\$100), or gifts of money or cash equivalents are indications of a potential conflict and must be disclosed.

¹ A "Material Financial Interest" includes a financial ownership interest of 5% or more, a financial ownership interest which contributes materially to a member's income, or a position as proprietor, director, managing partner, or key employee. A material financial relationship would be present if a member or his or her immediate family receives monetary compensation (including honoraria and grants) in an amount equal to or greater than \$2,000 per year or \$5,000 over three years.

Even if a conflict does not exist in fact, the appearance of a conflict to others can be damaging to the reputation of the association. Whether or not an interest is conflicting will depend on the particular circumstances of the conflict, including the nature and relative importance of the interest.

The following questions should be answered to the extent such interests are known to the member.

1. During the next 12-month period, will you or an extended family member hold a material financial interest in any business or professional activity that will provide goods or services to APMA?

Yes

No

If yes, list the business or professional activity by name and type:

2. During the next 12-month period, will you or an immediate family member be a trustee, director, officer, committee member, employee, or consultant of any healthcare organization including, but not limited to, a medical supply or pharmaceutical company, laboratories, shoe company, orthotic company, wound care clinic, or health-related professional society?

Yes

No

If yes, list the name of each company/organization, position held and term of position.

Specify whether the conflict is a Material Financial Relationship and/or a Material Financial Interest.

3. During the next 12-month period, will you or any extended family member have an active formal grievance against APMA?

Yes

No

If yes, describe the nature and status of such a grievance:

4. During the next 12-month period, will you hold a faculty or administrative appointment with an academic institution or residency program?

Yes

No

If yes, list the name of each institution and position held:

5. List any other relationships, activities, or interests that could potentially result in a conflict of interest or influence your objectivity with respect to matters of consideration to APMA:

Agreement

I hereby agree to abide by the terms and expectations of the conflict of interest policy as described in the Code of Ethics of the American Podiatric Medical Association. To the best of my knowledge and awareness of current and future circumstances, the affiliations disclosed on this form are accurate for the forthcoming 12-month period. I understand my continuing responsibility to promptly disclose any new or changed affiliations that may arise during the period covered by this agreement.

My signature below serves as a release of this information for the purpose of open disclosure to be available upon request at the time of discussions in which a potential conflict comes into question.

Signature

Date Signed

Print Name

Name of Committee(s) if applicable: _____

