



**CONFLICT OF INTEREST DISCLOSURE
FORM**
CODING AND COMPLIANCE COMMITTEE
(Approved October 2016)

SECTION 1: GENERAL INFORMATION

Full Name: _____

Institution: _____

Role within AASM: _____

SECTION 2: CONFLICTS OF INTEREST Please check “YES” or “NO” for each question.

Definitions: For the purpose of this form, commercial entity is defined as for-profit manufacturers of sleep-related diagnostic or therapeutic devices, medications or services.

Level 2 Conflicts. Persons with a current level 2 conflict of interest can hold the position in question but must disclose the conflict and may be asked to recuse themselves from the room or the vote.			
1.	Are you a member of a paid or unpaid commercial entity (for profit) boards of directors or advisory board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Are you directly employed or serving as a consultant of a commercial entity with total combined yearly non-investment income derived from such a commercial entity of \geq \$75,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Have you accepted payments for speaking engagements from a commercial entity, except from an unrestricted educational grant or an ACCME accredited program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Are you a member of a commercial entity’s speaker’s bureau?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Have you received personal gifts, discounted or free use of material or equipment of value \geq \$1,000 from a commercial entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Do you serve on the board of directors or medical advisory board of another professional organization related to sleep medicine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered “YES” to any questions above, provide full details of all such arrangements, including the entity, type of activity, dates of activity and amount of compensation below (attach second page if necessary):

I have read the American Academy of Sleep Medicine Conflicts of Interest Policy and certify that the information provided is current and correct and that I am in compliance with American Academy of Sleep Medicine policy. I agree to inform the AASM immediately should any of the information change.

Signature: _____ Date: _____

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