



CONFLICT OF INTEREST DISCLOSURE FORM

SECTION 1: GENERAL INFORMATION

Full Name: _____

Institution: _____

Role within AASM: _____

SECTION 2: CONFLICTS OF INTEREST

Definitions:

Advisory Board:	A group of individuals appointed to provide strategic advice to the leadership of a commercial (for-profit) or nonprofit organization; may also be called a council or panel
Board of Directors:	A group of individuals, elected to represent a profit or nonprofit organization's shareholders/members, who are responsible for setting the strategic direction for the organization and have overall responsibility for the activities and finances of the organization
Commercial Entity:	For-profit manufacturers, marketers and/or vendors of products and services
Consultant:	A professional who provides expert advice in a specialized field or topic
Healthcare Association:	A nonprofit, professional or patient membership organization, focused on healthcare, that individuals pay dues to join
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.
Sleep Entity:	A sleep laboratory, sleep facility or independent sleep practice
Speakers' Bureau:	A group of experts who are recruited and trained by a commercial entity to deliver information about the commercial entity's products and/or services to others in their field

Please mark "YES" or "NO" for each question. Include conflicts within the one year prior to completing this form.

Conflicts of Interest		YES*	NO
1	Are you directly employed or serving as a consultant of a commercial entity (work related to sleep) where the total yearly non-investment income is \geq \$25,000?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you directly employed or serving as a consultant of a commercial entity (work related to sleep) where the total yearly non-investment income is $<$ \$25,000?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you, a spouse, domestic partner or dependent in ownership of more than 5% of a sleep-related commercial entity?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have knowledge of a close family member owning more than 5% of a sleep-related commercial entity?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you, a spouse, domestic partner or dependent in ownership of individual stock in a sleep-related commercial entity?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you accepted payments for speaking engagements from a commercial entity, except from an unrestricted educational grant or an ACCME accredited (or similar) program?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you received a personal gift or an institutional gift on your behalf or discounted or free use of materials or equipment from a commercial entity of value \geq \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you directly employed or serving as a consultant related to establishment or accreditation of sleep entities?	<input type="checkbox"/>	<input type="checkbox"/>

9	Are you a member of a paid or unpaid Board of Directors or Advisory Board of a commercial entity (for profit) related to sleep medicine, excluding AASM Sleep™?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are you a member (paid or unpaid) of a Board of Directors or Medical Advisory Board of another professional medical society or other healthcare association related to sleep medicine?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are you a member (paid or unpaid) of a commercial entity's speaker's bureau?	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you received a research or travel grant from a commercial entity of value ≥\$1,000?	<input type="checkbox"/>	<input type="checkbox"/>
13	Are you a partial or sole owner of intellectual property related to sleep medicine that produces income or other monetary benefit?	<input type="checkbox"/>	<input type="checkbox"/>

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

I have read the [American Academy of Sleep Medicine Policy on Conflicts of Interest](#) and certify that the information provided is current and correct and that I am in compliance with the American Academy of Sleep Medicine's COI 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: ☐

SECTION 3: CONFLICTS OF INTEREST 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 as requested below.

1	Direct employment or consultant services for a commercial entity ≥\$25,000 per year: <i>*For each conflict, provide the name of the company, start date (month/year) and end date (month/year or current).</i>
2	Direct employment or consultant services for a commercial entity <\$25,000 per year: <i>*For each conflict, provide the name of the company, start date (month/year) and end date (month/year or current).</i> <i>**If multiple conflicts are listed, is the combined total yearly non-investment income from all of the conflicts listed above ≥\$75,000 per year? (yes/no)</i>
3	Ownership of ≥5% of a sleep-related commercial entity (you, spouse, domestic partner or dependent): <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>
4	Knowledge of ownership by close family member of ≥5% of a sleep-related commercial entity: <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>

5	Ownership of individual stock in a sleep-related commercial entity (you, spouse, domestic partner or dependent): <i>*For each conflict, provide the name of the company, start date (month/year), end date (month/year or current) and indicate if the value is \geq\$10,000.</i>
6	Payments for speaking engagements from a commercial entity: <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>
7	Personal gifts, institutional gifts on your behalf or discounted or free use of materials or equipment \geq\$1,000: <i>*For each conflict, provide the name of the company, type of gift/free use, start date (month/year) and end date (month/year or current).</i>
8	Direct employment or consultant services related to establishment or accreditation of sleep entities: <i>*For each conflict, provide the name of the company, start date (month/year) and end date (month/year or current).</i>
9	Member of a Board of Directors or Advisory Board of a commercial entity related to sleep medicine: <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>
10	Member of a Board of Directors or Advisory Board of another professional medical society or other healthcare association related to sleep medicine: <i>*For each conflict, provide the name of the professional medical society or other healthcare association, start date (month/year) and end date (month/year or current).</i>
11	Member of a commercial entity's speaker's bureau: <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>
12	Recipient of a research or travel grant from a commercial entity of value \geq \$1,000: <i>*For each conflict, provide the name of the commercial entity, start date (month/year) and end date (month/year or current).</i>
13	Ownership of intellectual property related to sleep medicine that produces income or monetary benefit: <i>*For each conflict, list the type of intellectual property, start date (month/year), end date (month/year or current) and indicate if the total yearly income or other monetary benefit is \geq\$10,000.</i>