

Consolidated Policy of Conflict of Interest, Commitment, and Disclosure of the American College of Chest Physicians (ACCP) and The CHEST Foundation

Name:
 Position(s):

I have read the Consolidated Policy on Conflict of Interest, Commitment, and Disclosure and, to the best of my knowledge, for the last 12 months:

I DO NOT have anything of value to disclose that consists of a financial relationship from a commercial entity or other party related directly or indirectly to my participation on this Committee/NetWork.

I DO have a financial relationship, or have received a payment for services of any amount, from a commercial or other party related directly to my participation on this Committee/NetWork. By checking this box, I am disclosing a financial relationship and acknowledging there is the potential for a perceived conflict of interest. *If this box has been checked, please indicate the appropriate source of the commercial entity or other party below and describe, in detail, the nature of the relationship (list all that apply):*

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> University grant monies | <input type="checkbox"/> Shareholder | |
| <input type="checkbox"/> Grant monies (from sources other than industry) | <input type="checkbox"/> Grant monies (from industry-related sources) | |
| <input type="checkbox"/> Employee (of any industry-related sources) | <input type="checkbox"/> Fiduciary position (of any organization, association, society, other than ACCP) | |
| <input type="checkbox"/> Consultant fee | <input type="checkbox"/> Speaker bureau | <input type="checkbox"/> Advisory committee |
| <input type="checkbox"/> Other (Example: Could decisions that you make in your employment position be perceived as a conflict of interest?) | | |

For all checked boxes, please describe, in detail, the nature of the relationship:

Signature

Date

All leadership, senior staff, and others working on behalf of the American College of Chest Physicians and The CHEST Foundation must annually sign and submit an ACCP Consolidated Policy on Conflict of Interest, Commitment, and Disclosure. Failure to disclose any real or potential conflicts of interest warrants revoked ACCP membership. Failure to submit the form is self-resignation from the leadership position(s) or offered position(s). Any changes in status causing a real or potential conflict of interest or commitment must be disclosed in an amended submission prior to the next meeting or communication with the board, committee, or task force, etc.

I understand that I am free as an individual to express my opinions, however, without the express written consent of the ACCP Board of Regents or Executive Committee. No Regent, Trustee, Governor, officer, committee or task force chair or member, or senior staff member is authorized in any manner to make any statement, directly or indirectly, on any subject, either medical or otherwise, on behalf of the College or Foundation or using a College title or designation. Nor can any individual holding a leadership position or senior staff member sign a document, using that person's College or Foundation title, which asserts or implies that any statement contained in that document is being made on behalf of the College or The CHEST Foundation.

Signature

Date

RETURN TO: Alvin Lever, MA, FCCP (Hon)
 Executive Vice President and CEO
 American College of Chest Physicians
 3300 Dundee Road, Northbrook, IL 60062-2348
 Phone: (847) 498-8300 Fax: (847) 498-8318

Email: alever@chestnet.org