



**Subject: Conflict of Interest – Board of Directors, Committee Chairs, and Appointed Representatives**

**Effective Date: July, 2011**

**Approved by: APIC SNJ Board of Directors**

**Revision Dates:**

**POLICY**

- 1 The Conflict of Interest Coordinator will be the Member-at-Large.
- 2 APIC SNJ Directors, Committee Chairs, and Appointed Representatives have a commitment to APIC SNJ and may not, without permission of the Board, use their position for their own financial gain.
- 3 Directors, Committee Chairs, and Appointed Representatives must disclose any financial arrangements with a company or organization that would have a real or perceived conflict of interest with APIC SNJ.
- 4 Directors, Committee Chairs, and Appointed Representatives may not be a designated representative of two organizations that have a conflict of interest. APIC SNJ Board of Directors may not serve on the Board of another professional organization whose primary or secondary activity is related to the activities of APIC SNJ.
- 5 Any conflict of interest questions should be submitted to the Member-at Large. The MAL will bring any issues requiring consideration before the Board.
- 6 The APIC SNJ Board of Directors will make final decisions regarding conflict of interest and any exceptions to the conflict of interest policies and procedures.

**PURPOSE**

To avoid being placed in a position of conflict of interest that could result in personal financial gain based on one's position within APIC SNJ and employment or involvement with an outside organization, business entity or investment.

**PROCEDURE**

1. Board of Directors, Committee Chair, and Appointed Representative shall complete a written conflict of interest declaration at the beginning of their term. (see form).
2. In the event employment/employer changes during the year, the Director, Committee chair, or Appointed Representative will notify the MAL and complete a new declaration.
3. The Secretary will maintain declarations on file until end of the calendar year.
4. Members of the Board, Committee Chairs, and Appointed Representatives must abstain from voting on issues where potential conflict of interest might exist and disclose the reason for same to the Board.

**ATTACHMENTS & RELATED FORMS**

CONFLICT OF INTEREST DECLARATION

Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_

Your current leadership position within APIC SNJ: \_\_\_\_\_

Has your principal employer changed since your last declaration? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you serve on other professional boards or hold an office or serve in a "leadership role" in another professional organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please list:

Do you have any "official title or position" in any other health care related company either for profit or nonprofit (other than with your current employer)? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please list:

What material revenue sources ( $\geq 10\%$  of your gross annual income) could impact your decision-making for APIC SNJ? (For the purposes of determining materiality, include estimated value of expenses paid for reimbursed, i.e., airfare, hotel, meals, spouse or family subsidies as well as direct payments) Also, if you are aware of any major investments or holdings in companies that may represent a conflict or influence your decision making, disclose them here:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_