

Society for Healthcare Epidemiology of America

Financial Relationship and Organizational Affiliation Disclosure Form

Instructions: Please read, complete, sign, and date this disclosure form.

All volunteer members participating in SHEA activities and the professional staff should act in the best interest of SHEA. Decisions always should be based solely on the best interest of SHEA, its membership, and the public. Decisions should not be influenced by personal financial interest or by other extraneous considerations. A potential conflict of interest exists if a person has a financial or other beneficial interest that might bias his or her decisions or actions related to SHEA activities. **SHEA determines whether a relationship or affiliation poses a potential conflict of interest; therefore, full disclosure for purposes of organizational governance is required.**

Each volunteer member has a high duty and obligation to disclose all financial relationships and organizational affiliations and to abstain from any decision where a conflict of interest is determined to exist. The disclosure forms are reviewed by both the Conflict of Interest (COI) Review Committee and, for each group (e.g., committees, task forces) by the chair of such group to determine potential areas of conflict of interest that may require management. Disclosure information will be made available to members of such groups. Disclosures will also be reported on SHEA's website for Board of Trustees and Committee chairs.

Acknowledgement of this policy and disclosure filing will be done by each volunteer member and senior staff annually or at the inception of an activity (e.g., task force) and kept on file in the SHEA headquarters office. **In between annual filings, it is the responsibility of each individual to disclose in writing any new relationships or affiliations that pose a potential conflict of interest.**

Please consider your activities and financial relationships/investments and affiliations **currently and for the preceding two years** when responding. Attach additional pages if necessary.

1. PRIMARY EMPLOYMENT (and other salaried positions): If self-employed, but formally paid through a corporation or other entity, indicate "self-employed" under Employer.

Employer	Position

2. FINANCIAL RELATIONSHIPS/INCOME

Company/ Organization Name	Check all that apply
For Interests ≤ \$10,000	
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
For Interests \$10,001 to \$25,000	
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
For Interests > \$25,000	
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):
	<input type="checkbox"/> Advisory/Consultant Role; <input type="checkbox"/> Expert Testimony; <input type="checkbox"/> Honoraria; <input type="checkbox"/> Ownership Interests; <input type="checkbox"/> Stocks/Bonds; <input type="checkbox"/> Patent, copyright, license (describe): ; <input type="checkbox"/> Other Remuneration (describe):

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3. RESEARCH GRANTS/CONTRACTS - If you are currently listed or have in the past 24 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study

4. ORGANIZATIONAL BENEFIT – Are there any monies obtained or assigned by a university, department, institution, foundation, private enterprise group, or any other entity as a result of your activities (e.g., known patents held by your institution; unrestricted educational grants)?

Sponsor	Institution	Activity	Value
			<input type="checkbox"/> ≤\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> >\$25,000
			<input type="checkbox"/> ≤\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> >\$25,000
			<input type="checkbox"/> ≤\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> >\$25,000

5. ACTIVITIES WITH OTHER ORGANIZATIONS: Do you currently serve in any official capacity, including any decision-making capacity or national or state leadership, with any other professional societies, voluntary health organizations, editorial boards, federal or state agencies, internet companies, or other entities that currently engage in activities that could be considered competitive to SHEA’s interests or activities in areas such as education, advocacy, research, fundraising, etc.?

Organization	Position

6. FAMILY OR OTHER RELATIONS – In accordance with SHEA’s disclosure policies, relevant financial or other relationships of members of your immediate family should also be disclosed. This includes but is not limited to spouse/domestic partner, parents, siblings, and children. To the best of your knowledge, please list any significant relationships or activities where members of your family may be involved as they relate to Society activities.

Relation (Spouse, child, etc.)	Activity	Value
		<input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000 <input type="checkbox"/> > \$25,000
		<input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000 <input type="checkbox"/> > \$25,000
		<input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000 <input type="checkbox"/> > \$25,000

I certify that I have read SHEA’s Policy on Conflict of Interest and have disclosed all declarable relationships as defined therein, if any.

Signature

Date

Print Last Name

SHEA Position(s) (e.g., Board, Committee Chair, Task Force, Writing Group)

Deliberate failure to comply with this disclosure requirement may result in a disqualification from current and future participation in SHEA-sponsored activities.

Mail or Fax to: Society for Healthcare Epidemiology of America
 1300 Wilson Boulevard, Suite 300
 Arlington, VA 22209
 Fax: 703-684-1009

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