

# AACAP DISCLOSURE OF AFFILIATIONS

Decisions by the officers, committees and others on behalf of the American Academy of Child and Adolescent Psychiatry have far reaching significance and consequences. Outside affiliations may result in real or perceived conflicts of interest that impact on an individual's opinion and full disclosure is necessary to maintain the integrity of AACAP activities. All officers, committee members and others acting on behalf of the AACAP should act honestly and with integrity. However, when outside affiliations result in real or perceived conflict of interest, which may impact on an individual's opinion, disclosure is necessary.

When completing the statement of Disclosure of Affiliations, note organizations where you serve a leadership role, either appointed or elected; any relationships with pharmaceutical companies; and any relationships with third party CME companies, managed care organizations, health information providers. It is essential to disclose when you serve other agencies, professional associations or corporations, in capacities that are similar to or compete with your roles for the AACAP. Conflicts depend on the topic of discussion/component agenda. We ask that you report conflicts relevant to the work of **the Executive Committee and Council**.

Members are also asked to declare any material financial interests for personal, immediate family relationships which may conflict with duties or responsibilities and influence one's judgment on behalf of the AACAP. Immediate family relationships include:

- spouse
- domestic partner
- other pertinent family member

A material financial interest includes:

- A financial ownership interest which contributes materially to your income, or
- A position as proprietor, director, managing partner or key employee, or
- A position on another related organization's board, committee, etc.

*Examples of potential conflicts include: a speakers bureau, research (industry and non industry), consultantships, governance positions, books, intellectual property, plane trips and other travel accommodations, etc.*

**All leadership roles and material financial interests should be disclosed whether or not they present a conflict of interest to provide the opportunity for review.** Noting a potential conflict does not preclude service on AACAP components, but following AACAP procedure, such information may be shared with the AACAP Secretary, Executive Committee and Council.

*Please complete and return this page*

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## AACAP DISCLOSURE OF AFFILIATIONS FORM

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### Review of Potential Conflict of Interests for

AACAP Activity/Component: \_\_\_\_\_

Are you a member of the committee? Yes  No

**Procedures for Disclosures:** Disclosures should be acknowledged to all participating in the committee meeting or activity assigned. This can be done by:

- Collecting disclosures of all participants prior to the event and including them in the prepared materials.
- Each participant completing the form and verbally announcing potential conflicts at the beginning of the meeting/activity.

**All dated and signed disclosure forms should be given to the chair of the committee and to staff at the national office. All disclosures will be destroyed after one year.**

1) I do \_\_\_ do not \_\_\_ have leadership roles in other agencies, professional organizations, or corporations. (Please list all leadership roles and the name of the organization)

2) I do \_\_\_ do not \_\_\_ have material financial interests which may conflict with my role in the AACAP.

**PLEASE WRITE NAME OF THE COMPANY, ASSOCIATION, AND CHECK APPROPRIATE BOX**

| Company/Association | Research Funding | Advisor/Consultant | Speakers Bureau | Books, Intellectual property | In-kind Services (example: travel) | Other (specify) |
|---------------------|------------------|--------------------|-----------------|------------------------------|------------------------------------|-----------------|
|                     |                  |                    |                 |                              |                                    |                 |
|                     |                  |                    |                 |                              |                                    |                 |
|                     |                  |                    |                 |                              |                                    |                 |

3) My immediate family members do \_\_\_ do not \_\_\_ have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

Based on the above, I do not see a conflict of interest for my work on behalf of the AACAP. In the event of a real or perceived conflict of interest, I will disclose it and, if appropriate, I will remove myself from deliberations or work related to the conflict of interest.

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

Print name: \_\_\_\_\_