American Academy of Emergency Medicine
CONFLICT OF INTEREST DISCLOSURE FORM
Current year: _____

Name: _____

Relationship to AAEM:

- ☐ **Member of the executive committee**
- ☐ **Committee or task force chair**
- ☐ **Member of the board of directors**
- ☐ **Editor of *Common Sense***
- ☐ **Candidate for AAEM board of directors**
- ☐ **Executive director or associate executive director**
- ☐ **Other**_____

In your consideration of disclosure, your professional responsibility must be your guide. As outlined above, potential conflicts may exist if extended family members may benefit from your Academy involvement. If you are confident that none of your investments, business involvements, or activities poses a true or apparent conflict of interest with your Academy obligations, then check the default NOTHING TO DISCLOSE box below and sign the form. If you have information that requires disclosure, be as complete as possible, using additional pages as needed. The information you provide will remain confidential. Final determination of true conflicts is made by the Academy president and may be appealed, as outlined in **the AAEM Ethics Policy: Administrative Procedures**.

☐ I HAVE NOTHING TO DISCLOSE AT THIS TIME.

I am disclosing the following interests that may conflict with my obligations to the Academy:

Financial interests **(see 1 a-c)**	
Legal interests **(see 2)**	
Current or prior service to other organizations **(see 3)**	
Personal interests (see 4)	

I agree to update this disclosure either on a**n annual** basis or as new interests are obtained.

Signed: _____ Date: _____