

New York State Council of Health-system Pharmacists, Inc.

CONFLICT OF INTEREST QUESTIONNAIRE

This questionnaire has been prepared in accordance with the Council's Statement of Policy on Conflicts of Interest, and is to be completed by all directors.

It is expected that when a potential for conflict of interest exists, the individual affected will disclose it immediately and refrain from participation, discussion and/or voting on that issue.

NAME: _____

POSITION: _____

DATE: _____

Please explain any affirmative response to any question, and include any other relevant information.

1. Substantial Interest, Personal Contracts or Arrangements

Do you have a substantial interest* in, personal contract or arrangement with any entity or individual doing or seeking to do business with the Council (this includes but is not limited to serving as a consultant (paid or unpaid), serving on the speaker's bureau of the company, or owning substantial company stock)?

YES

NO

If yes, indicate with whom or with which entity(ies): _____

2. Receipt of Payments, Gifts or Services

Have you received any payment, service, research grant or support, or gift from or provided the same to any entity or individual doing or seeking to do business with the Council?

YES

NO

If yes, please indicate with whom or with which entity(ies): _____

3. Business Dealings with Relatives

* Substantial interest is considered to be an investment of more than one percent (1%) of your net worth.

Do you have a business relationship with any family members doing or seeking to do business with the Council?

Family members include the following:

- (a) Your spouse.
- (b) Any parent or child of you or your current spouse.
- (c) Any parent or child of your former spouse if the parent or child resided in your residence at any time.
- (d) Any relative of you or your current or former spouse, by blood or marriage, with whom you have regular contact and about whom you have information or belief regarding items covered in this questionnaire.

YES

NO

If yes, please indicate with whom and with which entity(ies): _____

(signed)

(date)