

# Disclosure Statement of Conflict of Interest

I have read and agree to abide by the American Academy of Dermatology and the American Academy of Dermatology Association Board:

- AAD/A Committee Member Copyright Assignment, Confidentiality, and COI Agreement
- CCTF Code of Conduct.
- I agree to abide by the Academy's administrative regulation on disclosure of conflicts of interest which outlines all financial relationships. The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or life partner. The ACCME defines relevant financial relationships as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest (whether purchased or provided as compensation), excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

I, Ruth Ann Vleugels, MD, FAAD, attest that I am completing the Academy electronic disclosure form as one of the following:

- Chair or Member of a Council, Committee, Task Force, Ad Hoc Task Force or Work Group;
- Candidate for Office or am a member of the Board of Directors;
- Contributor (planning committee members, session directors, speakers ("faculty"), presenters, moderators, authors, peer reviewers and staff) to a CME/MOC activity;
- Senior Staff

I understand that I occupy a position of trust and that I am expected to act at all times in good faith and without bias or favor to outside interests. Whenever my outside interests or other responsibilities conflict with my duty to the Academy, I will declare these financial relationships and will act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with whom I have a relationship. In particular, I will not act in a way inconsistent with the purposes and best interests of the Academy.

The Academy is accredited by the Accreditation Council for Continuing Medical Education (ACCME®). The Academy expects that every CME and MOC activity certified for credit will be in full compliance with the [ACCME® Essential Areas, Elements, Criteria, Policies, and Standards for](#)

## [Commercial Support of Continuing Medical Education.](#)

The Academy has implemented a disclosure process that requires that all individuals in a position to control the content of an educational activity disclose all financial relationships with commercial interest(s), including both compensated relationships and ownership interests purchased with the member's own funds. This includes the planning committee members, session director(s), faculty presenters (speakers), authors, panel members, moderators, content validation reviewer(s), staff, etc. The ACCME defines *commercial interest* as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest. **If an individual refuses to disclose relevant financial relationships to the Academy, s/he will be disqualified from participating in the CME activity.**

If you are faculty selected to present/participate in a CME activity, you are required to review the definitions and complete the Disclosure and Attestation.

The disclosure information provided will be collected and included in the agenda materials sent prior to all governance conference calls and meetings. Additionally, this disclosure information will be communicated to our learners prior to their engaging in Academy educational activities.

I will disclose all financial relationship(s) with *commercial interests* in any amount occurring within the last 12 months as outlined in the [Accreditation Council for Continuing Medical Education \(ACCME\) requirements.](#)

### Disclosure Steps:

- A. List the names of commercial interests as defined by ACCME (see above) with the exception of non-profit or government organizations and non-health care-related companies with which you or your spouse/life partner has or has had, a financial relationship within the past 12 months.
- B. Identify the type of financial relationships received by you or your spouse/life partner (ex: salary, honorarium, etc.) from the commercial interests. The Academy does not need to know the dollar amount.
- C. Identify the role you or your spouse/life partner have with the commercial interest.
- D. If you or your spouse/life partner have received multiple items from the same commercial interest, or if you or your spouse/life partner have had more than one role for the same commercial interest, enter a separate record for each role/item received.
- E. Your current disclosures are listed in the table below. To remove an entry, click "Delete" Relationship" box, and then click the "delete this relationship" check box for the relationship you want to remove, then click "Confirm Delete".
- F. If you or your spouse/life partner's role or item received has changed but the relationship with a commercial interest still exists, you must select the "Edit" button to right of the prior disclosure to update your information; then click the "Update" button for the relationship you want to update.
- G. All prior disclosures you have entered for yourself or for your spouse/life partner are marked to be kept by default. If you need to remove a disclosure, please click on the "delete this relationship" check box for the particular relationship you want to remove; then click "Confirm Delete". New

additional disclosures may be entered by clicking on the “Add” button to the right, enter the relationship and then click “Save and Continue” at the bottom of the page.

H. New/additional disclosures may be entered by clicking on the "Enter Additional Financial Disclosures" button below and then clicking "Save and Continue".

Company Name	For What Role?	What Was Received?	Money Paid To?
Pfizer Inc.	Investigator	Fees	Institution

I agree to update this form within 30 days after I establish any new financial relationships that could represent conflicts of interest.

Under Commercial Interest Relationships, did you list a relationship as “Other” under the “For What Role” column or “Other Financial Benefit” under “Compensation”? If yes, please describe the relationship. Please also provide additional details about any relationship documented above or that does not meet the designated categories that requires disclosure under the AAD’s Administrative Regulations or merits further explanation.

### PRIMARY SOURCE OF INCOME AND POSITION

**1. What is your primary source of income?** *Examples: general dermatology patient care, dermatopathology, patient care-Mohs surgery, patient care-non-cosmetic dermatologic surgery, patient care-cosmetic surgery, patient care-pediatric dermatology, patient care-hospital, clinical trials/clinical research, basic science research, administration, non-patient care consulting, teaching, independent contractor, etc.*

patient care

**2. What is the employment model in which you work?** *Examples: solo practice, group practice, multi-specialty practice, health system, HMO, private equity-owned practice, university, hospital, small group concierge practice, clinical trials company, pharmaceutical or medical device company, other health care services company, locum tenens, government, Veterans Administration, public health clinic, corporate or independent contractor or consultant, other (describe) etc.*

University Hospital

**3. Are you a full or partial owner, or do you have shares in the entity for which you work?**

no

**4. If you have administrative responsibilities, what is your administrative level?** *Examples: Manager, Executive Director, Dept or Division Chair, Dean, Medical Director, Board of Directors, Chief of Staff, Residency Director, Chief Medical Officer, etc.*

Vice Chair

### NONFINANCIAL INTERESTS

**1. Boards/Officer of Public or Academic Organizations.** *Examples: Trustee, American Board of Dermatology; Officer, Alternative Delivery System Corp.*

None

**2. Government Affiliation.** *Examples: Consultant, FDA or National Library of Medicine; Research Review Committee for Applications of Computers in Medicine.*

None

**3. Dermatology Society Leadership Position** *Examples: Officer, director, member or chair of a committee.*

RDS--Committee on Finance

DF--Grant Review Committee

NEDS--Past President

RDS--President Elect

**4. Editor or Author of Scientific Publications** *Examples: Author, Dermatology Times; Editor, Archives in Dermatology.*

Editorial Board, JID Innovations

Editorial Board, Archives of Dermatological Research

**5. Editor or Author of Non-Scientific Publications** *Examples: Assistant Editor, Journal of Dermatology Marketing and Practice Management; Author, Cosmetics for the Lay Person.*

None

**6. Other Relationships.**

None

I acknowledge my continuing obligation to report to the Secretary-Treasurer of the Academy, promptly online, any material change in the nature or setting of my professional activities or any conflict of interest, i.e., conflict between, on the one hand, the interests of the Academy and, on the other, my personal interests or those of my spouse/life partner, that comes to my attention in the future. I will also verbally acknowledge any changes to this written disclosure at the time of my participation in an Academy meeting or event. I attest to the best of my knowledge that this is a complete and true disclosure and, that if found to be otherwise, would be grounds for discipline.

Disclosures last updated February 12, 2021 at 10:24 AM