

# 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 policies:

- [AAD/A Committee Member Copyright Assignment, Confidentiality, and COI Agreement](#)
- [CCTF Code of Conduct](#)
- [Administrative Regulations](#)

I, Tejesh Patel, 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;
- Editor of the *Journal of the American Academy of Dermatology* or *Dermatology World*;
- 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 Integrity and Independence in Accredited Continuing 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 ineligible companies (FKA commercial interests), including both compensated relationships and ownership interests purchased with the member's own funds. Research funding from ineligible companies must be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the 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 an ineligible company (FKA commercial interest) as any entity producing, marketing, re-selling, or distributing health products by or on, patients. The ACCME does not consider the following ineligible:

1. providers of clinical service directly to patients to be ineligible companies (FKA commercial interests) - unless the provider of clinical service is owned, or controlled by, an ACCME-defined ineligible company (FKA commercial interest);
2. the entity provides education to healthcare professionals and is not ineligible, and
3. the entity serves as fiduciary to patients, the public, or populations health as well as other organizations that are not otherwise ineligible. **If an individual refuses to disclose all relevant financial relationships with ineligible companies 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.

## Corporate Relationships

I will disclose all of my financial relationship(s) with ineligible companies (FKA commercial interests) in any amount occurring within the last 24 months as outlined in the [Accreditation Council for Continuing Medical Education \(ACCME\) requirements](#).

Company Name	Role	Financial support or compensation received	Funds Paid to/with
Foundation for Research & Education of Dermatology	Speaker Honoraria	Honoraria	Money paid to Self, Purchased with personal funds

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

## 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.

General dermatology patient care, dermatopathology, teaching, administration

### 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.

Academic/University

**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.

Department Chair, Residency Program Director, Board of Directors of University of Tennessee Medical Group, Credentialing Committee Chair

## **Nonfinancial Interests**

**1. Are you a boards/officer of public or academic organizations?**

Examples: Trustee, American Board of Dermatology; Officer, Alternative Delivery System Corp.

Board member of UTMG Dermatopathology LLC, President of Memphis Dermatology Society, Board Member of UT Medical Group Chair of Dermatology, University of Tennessee Health Science Center Program Director Residency, University of Tennessee Health Science Center

**2. Do you have a government affiliation?**

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

None

**3. Do you hold any dermatology society leadership positions?**

Examples: Officer, Director, Member or Chair of a Committee.

Memphis Dermatology Society - President, NCCN Panel Member, Skin of Color Society Patient Education Committee

**4. Editor or Author of Scientific Publications?**

Examples: Author, Dermatology Times; Editor, Archives in Dermatology.

None

**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. Do you have any other relationships?**

Employed by University Clinical Health/UT Medical Group Employed by University of Tennessee Health Science Center

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 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.

**Disclosure was last updated February 12, 2023**