

Disclosure Form

AAPL

American Association for Physician Leadership®

This form is provided for use in collecting disclosure information.

It is AAPL's policy to promote balance, independence, objectivity, and scientific rigor in all of its activities through the disclosure of financial interests and other relationships, and management of potential conflicts.

The financial interests or relationships requiring disclosure are outlined in AAPL Policy for Relationships with Companies. Email form to journal@physicianleaders.org

NAME: _____

1. EMPLOYMENT

Have you or an immediate family member been employed by any for-profit health care company currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member

No

2. LEADERSHIP

Have you or an immediate family member been compensated for a leadership role (such as officer or member of a board of directors) in any for-profit health care company, currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member

No

3. STOCK OR OTHER OWNERSHIP

Have you or an immediate family member owned stock or held an ownership interest in any for-profit health care company (publicly traded or privately held), currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member

No

4. HONORARIA

Have you or an immediate family member been paid honoraria directly by any for-profit health care company, currently or during the past 2 years? You do not need to disclose honoraria for certified Continuing Education.

Yes

Company_____

Recipient: You Immediate Family Member

No

5. CONSULTING OR ADVISORY ROLE

Have you or an immediate family member been paid for any consulting or advisory role by any for-profit health care company, currently or during the past 2 years? You do not need to disclose an uncompensated consulting or advisory role.

Yes

Company_____

Recipient: You Immediate Family Member Your Institution

No

6. RESEARCH FUNDING

Have you or an immediate family member conducted any research project funded, in whole or in part, by any for-profit health care company, currently or during the past 2 years? Disclose research funding if: research payments are/ were made directly from the for-profit health care company to the individual, if the individual's salary is supported (in whole or part) through the research funding, if the individual is/was the national or overall principal investigator, if the individual has a role as a regulatory principal investigator, if the individual is a site principal investigator, or if the individual is a member of a steering committee of a study that does not have a principal investigator. You do not need to disclose funding from NIH or a non-profit foundation.

Yes

Company_____

Recipient: You Immediate Family Member Your Institution

No

7. PATENTS, ROYALTIES, OTHER INTELLECTUAL PROPERTY

Do you or an immediate family member hold patents, have patents pending, receive royalties, participate in royalty sharing agreements, or have other intellectual property interests from a discovery or technology relating to health or medicine, currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member Your Institution

No

8. EXPERT TESTIMONY

Have you or an immediate family member been paid to provide expert testimony on behalf of any for-profit health care company, currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member

No

9. TRAVEL, ACCOMODATIONS, EXPENSES

Have you or an immediate family member had travel, accommodations, or other expenses paid or reimbursed by any for-profit health care company, currently or during the past 2 years? You do not need to disclose travel, accommodations, or expenses that were part of roles or activities you have already disclosed above.

Yes

Company _____

Recipient: You Immediate Family Member

No

10. SPEAKERS' BUREAU

Have you or an immediate family member been paid to participate in a speakers' bureau for any for-profit health care company, currently or during the past 2 years?

Yes

Company _____

Recipient: You Immediate Family Member

No

11. OTHER RELATIONSHIP

Have you or an immediate family member had another relationship, role, activity, or interest, currently or during the past 2 years, that could be perceived to influence your work or your professional activities? Disclosure is encouraged.

Yes

Company _____

Recipient: You Immediate Family Member

No

EMAIL FORM TO: journal@physicianleaders.org