Conflict of Interest Form

This form must be completed by individuals who are:

* Appointed to, or applying for, the Health Technology Clinical Committee; or
* Are providing certain consultant services.

Depending on the appointment or position, certain interests are permitted, but must be disclosed. In addition to providing disclosure on this form, applicants may be required to affirmatively recuse themselves from discussions or deliberations of a technology topic for which the applicant has an interest. The applicant may not participate in any agenda item for which a conflict of interest is identified and may not vote on any such matter. The applicant’s terms of appointment or contract should be consulted for specific dates and limitations.

If a conflict of interest is so great as to make it difficult for an applicant to participate meaningfully in the work to which they have been appointed or contracted for, that member may be asked to resign.

Submission or re-submission of this form is required annually by July 1st. If, during the course of any year, a material change in any of the information occurs, this form should be updated prior to the next public meeting of the committee. It is advised applicants retain a copy of this form for their records.

**Definitions**

For purposes of this disclosure statement, the following definitions apply:

Business: Any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual and any other legal entity operated for economic gain. This does not include income-producing not-for-profit corporations that are tax-exempt under section 501(c) of the Internal Revenue Code with which service is performed in a non-compensated capacity.

Committee: Means the Health Technology Clinical Committee (HTCC) or the consulting service that the person completing this form is applying for, contracting for, or serving on.

Honorarium: A payment or something of economic value given in exchange for services, upon which custom or propriety prevents the setting of a price. Services include, but are not limited to, speeches or other services connected with an event where an appearance is made in an official capacity.

Income: Gross, pre-tax income of any nature, derived from any source, including but not limited to, any salary, wage, advance payment, dividend, interest, rent, honoraria, return of capital, forgiveness of indebtedness, income from government sources (i.e. Social Security, public salary, etc.) retirement income, real estate transactions, inheritance income, or anything of economic value received as income.

Legislative or Administrative Interest: An economic interest, distinct from that of the general public, in one or more bills, resolutions, regulations, proposals or other matters.

Member of Household: Any relative who resides in the household of the person completing this form.

Person: A natural person or a corporation, partnership, joint venture, and any other similar organization or association.

Relative: The spouse of the person completing this form, and any children, siblings or parents whether by birth, adoption or marriage.

|  |  |
| --- | --- |
| Applicant Name | Click here to enter text. |
| Address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |

## 1. Business Activities

(a) If you or a member of your household was ***an officer or director of a business*** during the immediately preceding calendar year and the current year to date, provide the following:

|  |  |  |
| --- | --- | --- |
| Title | Business Name & Address | Business Type |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

(b) If you or a member of your household ***did business under an*** ***assumed business name*** during the immediately preceding calendar year or the current year to date, provide the following information:

|  |  |  |
| --- | --- | --- |
| Business Name | Business Address | Business Type |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 2. Honorarium

If you ***received an honorarium of more than $100*** during the immediately preceding calendar year and the current year to date, list all such honoraria:

|  |  |  |
| --- | --- | --- |
| Received From | Organization Address | Service Performed |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 3. Sources of Income

(a) Identify ***income source(s) that contributed 10% or more of the combined total gross household income*** received by you or a member of your household during the immediately preceding calendar year and the current year to date.

|  |  |  |
| --- | --- | --- |
| Source Name & Address | Received By | Source Type |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

(b) Does any income source listed above relate to, or could it reasonably be expected to relate to, business that has, or may, come before the Committee?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | |
| If “yes”, describe: | | | | Click here to enter text. | | |
| Click here to enter text. | | | | | |
| Click here to enter text. | | | | | |

(c) Does an income source listed above have a legislative or administrative interest in the business of the Committee?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | | No |
| If “yes”, describe: | | | | Click here to enter text. | | |
| Click here to enter text. | | | | | | |
| Click here to enter text. | | | | | | |

## 4. Business Shared With a Lobbyist

If you or a member of your household ***shared a partnership, joint venture, or similar substantial economic relationship with a paid lobbyist***, were employed by, or employed, a paid lobbyist during please list the following:

(Owning stock in a publicly traded company in which the lobbyist also owns stock is not a relationship which requires disclosure.)

|  |  |  |
| --- | --- | --- |
| Lobbyist Name | Business Name | Type  Business Shared |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Provide the information requested in items 5, 6, and 7 below only if:**  (a) Your response involves an individual or business if you or a member of your household did business with, or reasonably could be expected to relate to business that has or may come before the Health Technology Clinical Committee.  (b) The information requested involves an individual or business with a legislative or administrative interest in the Committee. |

## 5. Income of More Than $1,000

List each source (***not amounts***) of income over $1,000, other than a source listed under question 3 above, which you or a member of your household received during the immediately preceding calendar year and the current year to date:

|  |  |  |
| --- | --- | --- |
| Income Source | Address | Description of  Income Source |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 6. Business Investments of More Than $1,000

(Do not list the amount of the investment or include individual items held in a mutual fund or blind trust, a time or demand deposit in a financial institution, shares in a credit union, or the cash surrender value of life insurance.)

If you or a member of your household had a personal, beneficial interest or investment in a business during the immediate preceding calendar year of more than $1,000, list the following:

|  |  |  |
| --- | --- | --- |
| Business Name | Business Address | Description of Business |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 7. Service Fee of More Than $1,000

(Do not list fees if you are prohibited from doing so by law or professional ethics.)

List each ***person for whom you performed a service for a fee of more than $1,000*** in the immediate preceding calendar year or the current year to date.

|  |  |  |
| --- | --- | --- |
| Name | Description of Service | |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |

I certify that I have read and understand this Conflict of Interest Form and the information I have provided is true and correct as of this date.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Print Name | | Click here to enter text. | | | | | | |
| Check One: |  | | Committee Member |  | Subgroup Member |  | | Contractor |
|  | | | | | | |  | |
| Signature | | | | | | | Date | |