

AOA Annual Written Disclosure Policy for Standing Committee Members/Officers

(Policy Approved 11/13/09, Policy Effective 1/1/10, Policy Revised 3/21/13)

The undersigned represents and warrants that this submission has been personally completed, reviewed and signed by him/her, is true and accurate, and if signature is submitted electronically or by facsimile, that such signature is intended to be, and shall be, deemed original and binding on the undersigned for all purposes.

SIGNATURE

DATE

PRINT YOUR NAME (PLEASE PRINT CLEARLY)

This full, written disclosure is required annually of all AOA Officers, Committee Chairs, and Committee members. It applies to **personal relationships** one (or an immediate family member) has had during the calendar year immediately preceding the date of disclosure (i.e. January 1 to December 31 of the previous year). Federal tax filings for this prior year period should be utilized in completing this form, as appropriate.

Individuals serving as Division Chiefs or Department Chairs should indicate in this disclosure – in addition to personal relationships – all relationships for their Division or Department, respectively.

IN THE PAST 12 MONTH CALENDAR YEAR PERIOD, HAVE YOU (or has your division or department, if a chief or chair):

1. Served as a Director, Officer, senior management position or Owner of any medical organization (hospital, surgery center, professional society, etc), medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name organization(s) _____

2. Served as a member of Editorial Board of a medical journal?

a. YES NO

b. If "yes", name journal(s) _____

3. Received royalties from a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

c. Report amount of compensation received – report total amount as (check one):

<input type="checkbox"/>	<\$10,000
<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

4. Been a member of a speaker's bureau or received an honorarium from a medical device or biomedical/pharmaceutical company?

a. YES NO

b. If "yes", name company(ies) _____

5. Served as a consultant for a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

c. Report amount(s) of compensation anticipated or received at any time for service rendered in this 12 month period – report total amount as (check one):

<input type="checkbox"/>	<\$10,000
<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

6. Received research support from a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

c. Report amounts received – report total amount as (check one):

<input type="checkbox"/>	<\$10,000
<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

7. Owned stock or stock options in a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

c. Report value of stock/options – report total amount as (check one):

<input type="checkbox"/>	<\$10,000
<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

IN THE PAST 12 MONTH CALENDAR YEAR PERIOD, HAS A MEMBER OF YOUR IMMEDIATE FAMILY (parents, spouse, dependent children):

1. Served as a Director, Officer, senior management position or Owner of any medical organization (hospital, surgery center, professional society, etc), medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name organization(s) _____

2. Served as a member of Editorial Board of a medical journal?

a. YES NO

b. If "yes", name journal(s) _____

3. Received royalties from a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

- c. Report amount of compensation received – report total amount as (check one):

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<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

4. Been a member of a speaker's bureau or received an honorarium from a medical device or biomedical/pharmaceutical company?

a. YES NO

b. If "yes", name company(ies) _____

5. Served as a consultant for a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If "yes", name company(ies) _____

- c. Report amount(s) of compensation anticipated or received at any time for service rendered in this 12 month period – report total amount as (check one):

<input type="checkbox"/>	<\$10,000
<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

6. Received research support from a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If “yes”, name company(ies) _____

- c. Report amounts received – report total amount as (check one):

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<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000

7. Owned stock or stock options in a medical device company, biomedical/pharmaceutical company, medical insurance company, or medical consulting company?

a. YES NO

b. If “yes”, name company(ies) _____

- c. Report value of stock/options – report total amount as (check one):

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<input type="checkbox"/>	\$10,000-\$99,999
<input type="checkbox"/>	\$100,000-\$500,000
<input type="checkbox"/>	>\$500,000