



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Faculty Innovation in Education and Research Award Disclosure/Attestation Form

Name: _____

- A.** I AM AM NOT certified by the ABPN.
- B.** I HAVE NOT HAVE received a copy of the Conflict of Interest Policy.
- C.** I HAVE NOT HAVE read and understand the Conflict of Interest Policy.
- D.** I DO NOT AGREE AGREE to comply with the Conflict of Interest Policy.
- E.** I DO NOT UNDERSTAND UNDERSTAND that the ABPN is a non-profit organization and conducts its business activities accordingly.
- F.** I DO NOT HAVE HAVE (describe on next page) any license restrictions to practice medicine.
- G.** I DO NOT HAVE HAVE (describe on next page) a significant financial holding in any pharmaceutical or medical supply company.
- H.** I AM NOT AM (describe on next page) affiliated in the capacity of trustee, officer, director, consultant, or other major capacity with any pharmaceutical or medical supply company.
- I.** I DO NOT HAVE HAVE (describe on next page) any other relationships, commitments, activities (including uncompensated activities), or financial or fiduciary interests that present potential or apparent conflicts of interest or commitment.

(Signature)

(Date)

DESCRIPTION (attach additional sheets as necessary):

DO NOT WRITE BELOW THIS LINE

I have reviewed the above information and find it does does not present a conflict of interest to the Board.

President & CEO

(Signature)

(Date)

I have reviewed the above information and find it does does not present a conflict of interest to the Board.

Chair of the Standing Committee on Conflict of Interest

(Signature)

(Date)
