



American Board of Psychiatry and Neurology, Inc.

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

Disclosure/Attestation Form

Name: _____

Capacity (check those that apply):

Director

Committee Member – Committee(s): _____

Award Recipient

Proctor

President and CEO

Staff

A. I AM AM NOT certified by the ABPN or another member board of the ABMS.

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 interest (>\$25,000 per company) in any Industry¹ entity or any other known entity with which the ABPN has an investment, transaction or arrangement.

¹ "Industry" is defined as any for-profit company in the pharmaceutical, medical device, biotechnology, or hospital equipment and supplies industries, or any other known entity with which the ABPN has an investment, transaction, or formal arrangement. It does not include federal, state, or local government agencies, nor does it include non-profit academic health centers or their constituent entities.

- H.** I AM NOT AM (describe on next page) affiliated in the capacity of trustee, officer, director, consultant, or other major capacity with any Industry entity or any other entity with which the ABPN has an investment, transaction or arrangement.
- 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.
- J.** I HAVE NOT HAVE (describe on next page) publicly disseminated or disclosed (orally or in any media) examination materials or content.
- K.** I HAVE NOT HAVE (describe on next page) participated in the development of any CC/MOC Self-Assessment examination in psychiatry, neurology, or any of the ABPN subspecialties.
- L.** I HAVE NOT HAVE (describe on next page) participated in a non-ABPN commercial activity (including educational resources, publications, audiovisual material, presentation, or computer program) that is designed for and/or advertised to prepare an individual for certification, recertification, and/or maintenance of certification in psychiatry, neurology, or any of the ABPN's subspecialties.
- M.** I HAVE NOT HAVE (describe on next page) served as a program or institutional consultant or as a program or institutional site visitor to combined training programs inside or outside of the United States while serving on the Alternate Pathway Oversight Committee.
- N.** I HAVE NOT HAVE (describe on next page) participated in the development of written or computerized examinations given by other psychiatry or neurology organizations for 'certification' or 'in residency training examinations'. This does not include the NBME as long as they are not developing examinations in psychiatry or neurology for non-certified physicians.
- O.** I HAVE NOT HAVE (describe on next page) participated as a member of the board of directors of another examining organization in psychiatry or neurology. This does not include NBME as long as they are not developing examinations in psychiatry or neurology for non-certified physicians.
- P.** I understand that I cannot engage in the kind of activities described above in G, H, I, J, K, M, N, and O during my participation on any ABPN committee and/or while serving as a proctor.
- Q.** I understand that I cannot engage in the kind of activities described above in L during my participation on any ABPN committee and/or while serving as a proctor for at least twelve months following any such activity or participation.

(Signature)

(Date)

DESCRIPTIONS (attach additional sheets as necessary):

Significant financial interest (>\$25,000 per company) in any Industry:

Organization	Year	Role(s)	Income Range

“Industry” is defined as any for-profit company in the pharmaceutical, medical device, biotechnology, or hospital equipment and supplies industries, or any other known entity with which the ABPN has an investment, transaction, or formal arrangement. It does not include federal, state, or local government agencies, nor does it include non-profit academic health centers or their constituent entities.

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)
