



American Board of Psychiatry and Neurology, Inc.

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

Disclosure/Attestation Form for the ABPN Award Application

Name: _____

I am applying for the _____ award.

- A.** I AM certified by the ABPN or another member board of the ABMS, and I AM participating in continuing certification.
 YES NO
- B.** I HAVE received a copy of the Conflict of Interest Policy.
 YES NO
- C.** I HAVE read and understand the Conflict of Interest Policy.
 YES NO
- D.** I AGREE to comply with the Conflict of Interest Policy.
 YES NO
- E.** I UNDERSTAND that the ABPN is a non-profit organization and conducts its business activities accordingly.
 YES NO
- F.** I HAVE restrictions on my license to practice medicine.
 NO YES (describe on last page)
- G.** I HAVE financial interests or fiduciary relationships in any Industry* entity, OR with any other entity with which it is known to me that the ABPN has an investment, transaction or arrangement.
 NO YES (describe on last page)
- H.** I AM affiliated in the capacity of trustee, officer, director, consultant, or other major capacity with any industry entity, OR with any other entity with which it is known to me that the ABPN has an investment, transaction, or arrangement.
 NO YES (describe on last page)

Initial: _____

*"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.

- I.** I HAVE other relationships, commitments, activities (including uncompensated activities), or financial or fiduciary interests that present potential or apparent conflicts of interest or commitment.
 NO YES (describe on last page)
- J.** I HAVE publicly disseminated or disclosed (orally or in any media) examination materials or content.
 NO YES (describe on last page)
- K.** I HAVE participated in the development of a CC/MOC Self-Assessment examination (e.g., a CME activity that provides Self-Assessment CME credits) in psychiatry, neurology, or any of the ABPN subspecialties.
 NO YES (describe on last page)
- L.** I HAVE participated in the development of a non-ABPN commercial activity (including educational resources, publications, presentations, or other materials in any media) 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.
 NO YES (describe on last page)
- M.** I HAVE 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.
 NO YES (describe on last page)
- N.** I HAVE 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 certification examinations in psychiatry or neurology for non-certified physicians.
 NO YES (describe on last page)
- O.** I HAVE participated as a member of the board of directors of another examining or certifying 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.
 NO YES (describe on last page)
- 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.
 YES NO
- Q.** I understand that I cannot engage in the kind of activities described above in L during my participation on any ABPN committee and for at least two (2) years following the conclusion of my ABPN service.
 YES NO

(Signature)

(Date)

DESCRIPTIONS (attached additional sheets as necessary):

Financial interests or fiduciary relationships in any Industry* entity:

Organization	Year	Role (s)	Total Value or Annual Income

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DO NOT WRITE BELOW THIS LINE

- I have reviewed the above information and find it does **NOT** present a conflict of interest to the Board.
- I have reviewed the above information and find it **DOES** present a conflict of interest to the Board.

President & CEO

(Signature)

(Date)

DO NOT WRITE BELOW THIS LINE

- I have reviewed the above information and find it does **NOT** present a conflict of interest to the Board.
- I have reviewed the above information and find it **DOES** present a conflict of interest to the Board.

Chair of the Standing Committee on Conflict of Interest

(Signature)

(Date)