



**CONFLICT OF INTEREST DISCLOSURE  
FORM  
ACCREDITATION COMMITTEE  
ACCREDITATION SITE VISITORS  
(Approved October 2016)**

**SECTION 1: GENERAL INFORMATION**

Full Name: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Role within AASM: \_\_\_\_\_

**SECTION 2: CONFLICTS OF INTEREST** Please check “YES” or “NO” for each question.

Definitions: For the purpose of this form, commercial entity is defined as for-profit manufacturers of sleep-related diagnostic or therapeutic devices, medications or services.

<b>Level 1 Conflicts.</b> Persons with a current level 1 conflict of interest cannot hold the position in question unless the conflict is resolved.			
1.	Are you partial or sole owner or a member of the board of directors or advisory board (paid or unpaid) of a commercial entity that has as one of its goals the establishment of multiple sleep laboratories, sleep facilities or independent sleep practices?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Are you partial or sole owner or a member of the board of directors or advisory board (paid or unpaid) of a commercial entity that has as one of its goals the provision of services or consultations to aid in the establishment or accreditation of sleep laboratories, sleep facilities or independent sleep practices?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Level 2 Conflicts.</b> Persons with a current level 2 conflict of interest can hold the position in question but must disclose the conflict and may be asked to recuse themselves from the room or the vote.			
1.	Do you own or participate in any capacity in the activities of a sleep laboratory, sleep facility or independent sleep practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Are you a member of a paid or unpaid commercial entity (for profit) boards of directors or advisory board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Are you directly employed or serving as a consultant of a commercial entity with a total combined yearly non-investment income derived from such a commercial entity of $\geq$ \$75,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Have you accepted payments for speaking engagements from a commercial entity, except from an unrestricted educational grant or an ACCME accredited program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Are you a member of a commercial entity’s speaker’s bureau?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Have you received personal gifts, discounted or free use of material or equipment of value $\geq$ \$1,000 from a commercial entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered “YES” to any questions above, provide full details of all such arrangements, including the entity, type of activity, dates of activity and amount of compensation below (attach second page if necessary):

I have read the American Academy of Sleep Medicine Conflicts of Interest Policy and certify that the information provided is current and correct and that I am in compliance with American Academy of Sleep Medicine policy. I agree to inform the AASM immediately should any of the information change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Replace Empty Box with Checked Box Here to represent an Electronic Signature:**