



**CONFLICT OF INTEREST DISCLOSURE  
FORM  
COMMITTEES AND TASK FORCES**  
(Excluding Standards of Practice, Coding and  
Compliance and Accreditation)  
*(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 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.	Are you a member of a paid or unpaid commercial entity (for profit) board of directors or advisory board related to the topic of the committee or task force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Are you directly employed or serving as a consultant of a commercial entity with total yearly non-investment income derived from such a commercial entity of $\geq$ \$75,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Have you accepted payments for speaking engagements from a commercial entity related to the topic of the committee or task force, except from an unrestricted educational grant or an ACCME accredited program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Are you a member of a commercial entity’s speaker’s bureau related to the topic of the committee or task force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Have you received personal gifts, discounted or free use of material or equipment of value $\geq$ \$1,000 from a commercial entity related to the topic of the committee or task force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Have you received a research or travel grant from a commercial entity related to the topic of the committee or task force?	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 Policy on Conflicts of Interest 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: