



CONFLICT OF INTEREST DISCLOSURE FORM Tier 1

SECTION 1: GENERAL INFORMATION

Full Name: _____

Institution: _____

Role within AASM: _____

SECTION 2: CONFLICTS OF INTEREST

Definitions:

Commercial entity: For-profit manufacturers of sleep-related diagnostic or therapeutic devices, medications or services

Competing Organization: An organization that competes with the AASM for members, journal submissions, education and/or sponsorships.

Sleep Entity: Sleep Laboratory, Sleep Facility or Independent Sleep Practice.

Intellectual Property: A work or invention that is the result of creativity, such as a manuscript or a design, to which one has rights and for which one may apply for a patent, copyright, trademark, etc.

Please check “YES” or “NO” for each question.

Conflicts of Interest		YES*	NO
1	Are you directly employed or serving as a consultant of a commercial entity?		
2	Are you, a spouse, or children in ownership of more than 5% of a sleep-related commercial entity OR stock in a sleep-related commercial entity of a value greater than \$10,000?		
3	Have you accepted payments for speaking engagements from a commercial entity, except from an unrestricted educational grant or an ACCME accredited program?		
4	Have you received personal gifts, institutional gifts on your behalf, or discounted or free use of material or equipment from a commercial entity of value \geq \$1,000?		
5	Are you a member of a paid or unpaid board of directors or advisory board of a commercial entity or another professional organization related to sleep medicine?		
6	Are you a member of a commercial entity’s speaker’s bureau?		
7	Have you received a research or travel grant from a commercial entity?		
8	Are you a partial or sole owner of intellectual property related to sleep medicine that produces income or other monetary benefit?		

*If you answered “YES” to any questions above, provide full details of all such arrangements in Section 3.

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:

SECTION 3: CONFLICTS OF INTEREST DETAILS

If you answered “NO” to all questions in Section 2, do not complete this section. If you answered “YES” to any questions in Section 2, provide full details of all such arrangements, including the entity, type of activity, dates of activity and amount of compensation below:

1	Direct employment or consultant services for a commercial entity: *Provide total combined yearly non-investment income
2	Ownership of a Commercial Entity or Stock:
3	Paid Speaking Engagements:
4	Personal Gifts, Institutional Gifts on Your Behalf, or Discounted or Free Use of Material or Equipment:
5	Member of a Sleep Medicine Related Board of Directors or Advisory Board:
6	Member of Commercial Entity Speaker’s Bureau:
7	Research or Travel Grants:
8	Owner of Intellectual Property: *Provide total yearly income or other monetary benefit