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# American Academy of Sleep Medicine

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## COMMITTEE VOLUNTEER INTEREST FORM

I. Please provide your contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

II. Please indicate committee(s) of interest:

- |                                                       |                                                   |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Accreditation                | <input type="checkbox"/> Medical School Education |
| <input type="checkbox"/> Behavioral Sleep Medicine    | <input type="checkbox"/> Membership Sections      |
| <input type="checkbox"/> Clinical Practice Review     | <input type="checkbox"/> Publications             |
| <input type="checkbox"/> Continuing Medical Education | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Fellowship Training          | <input type="checkbox"/> Sleep Medicine Courses   |
| <input type="checkbox"/> Health Policy                | <input type="checkbox"/> Standards of Practice    |
| <input type="checkbox"/> International Affairs        |                                                   |

III. Please indicate if you are:

- ABSM Certified
- Fellowship Training Program Director

IV. Have you previously served on an AASM Committee?

- Yes       No

If yes, which one? \_\_\_\_\_

When? \_\_\_\_\_

- V. Please submit a copy of your 2-3 page CV summary, a brief letter of interest, and this committee interest/conflict form to:

*Committee on Committees  
American Academy of Sleep Medicine  
One Westbrook Corporate Center  
Suite 920  
Westchester, IL 60154  
Tel: (708) 492-0930  
Fax: (708) 492-0943*

**All items are due to the National Office by January 31, 2004.**

**AMERICAN ACADEMY OF SLEEP MEDICINE  
STANDING COMMITTEES  
CONFLICT OF INTEREST DISCLOSURE FORM**

**Name** \_\_\_\_\_  
*First Last Degree (MD, PhD, etc.)*

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Academic Title and Affiliation:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPERATING DEFINITIONS**

1. **BUSINESS:** Any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit or charitable purposes.
2. **FAMILY MEMBER:** Spouse, children, parents, siblings, and other persons living in the same household.
3. **FINANCIAL INTEREST:** An interest in a business consisting of any stock, stock option or similar ownership interest in such business, but excluding any interest arising solely by reason of investment in such business by a mutual, pension, or other institutional investment fund over which the individual does not exercise control, or receipt of, or the right or expectation to receive, any income from such business, whether in the form of a fee, salary, allowance, forbearance, forgiveness, interest in real or personal property, dividend, royalty derived from the licensing of technology, rent, capital gain, real or personal property, or any other form of compensation, or any combination thereof.
4. **PARTICIPATION:** To be part of the described activity in any capacity, including but not limited to serving as the principal investigator, co-investigator, research collaborator or provider of direct patient care. The term is not intended to apply to individual who provide primarily technical support or who are purely advisory, with no direct access to the data (e.g. control over its collection or analysis).
5. **TECHNOLOGY:** Any compound, drug, device, or diagnostic, medical, or surgical procedure intended for use in health care or health care delivery.

*Please fill in the following carefully and in detail. Describe both current and past relationships, as well as those expected within the next 12 months.  
Use additional sheets as necessary.*

- A. Participation by you or a member of your family in research activity supported by a business, or on technology owned or contractually obligated (licensed) to a business, in which you or a member of your family has a financial interest may compromise your ability to be objective in certain circumstances. Describe research and/or the related business and technology, the party conducting the research and this party's relationship to you, identify the party with the financial interest, and list the nature of the financial interest.

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- B. Participation by you or a member of your family in research related to a technology which you or your family developed may compromise your ability to be objective in certain circumstances. Describe the technology, your relationship with the inventor, and the role of you or your family member in the research.

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- C. Participation by you or a family member in research activity supported by grants, gifts, or awards, financial or otherwise, from a business or agency in which neither you nor a member of your family has any financial interest other than this support (i.e. support not identified in A above) may compromise your ability to be objective in certain circumstances. Identify the person receiving this support; list the source of all such support active at any point within the past two years, pending, applied for, or to be applied for within the next year; describe the research and any related business or technology; and list the profit/non-profit status of the granting organization.

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- D. Ownership by you or a member of your family of a patent of a biomedical or medical technology nature may compromise your ability to be objective in certain circumstances. List

