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**American Academy of Sleep Medicine**

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**BOARD OF DIRECTORS  
CONFLICT OF INTEREST DISCLOSURE**

Please circle “YES” or “NO” for each question. If you answer “YES” to any questions, provide full details of all such arrangements, including the entity, type of activity and amount of compensation on a separate sheet.

**Full Name:** \_\_\_\_\_

**Institution** \_\_\_\_\_

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|----|--|-----|----|
| 1. | Do you hold membership in paid or unpaid (for profit) industry/corporate boards of directors or advisory boards related to sleep?  | YES | NO |
| 2. | Do you have direct ownership, ownership of a limited liability company or ownership of either of these entities by a spouse or children of a company selling sleep products or services <i>or</i> stock in such a company or companies in which the total value is $\geq$ \$13,000? ( <i>The ownership of sleep centers by practicing sleep physicians is excluded</i> ) | YES | NO |
| 3. | Are you directly employed or serve as a consultant for manufacturers of sleep related diagnostic or therapeutic devices or medications, or services with total combined yearly non-investment income derived from such a commercial entity of $\geq$ \$5,000?  | YES | NO |
| 4. | Do you accept payments for speaking engagements from manufacturers of sleep related diagnostic or therapeutic devices or medications, or services industry, except from an unrestricted educational grant or an ACCME accredited program?  | YES | NO |
| 5. | Are you a member of speaker’s bureau for a manufacturer of sleep related diagnostic or therapeutic devices or medications, or sleep services?  | YES | NO |
| 6. | Are you the recipient of a personal gift provided by a sleep related business? If so, please state value.  | YES | NO |
| 7. | Do you serve on the Board of Directors or Medical Advisory Board of another professional organization related to sleep medicine excluding the American Sleep Medicine Foundation and the American Board of Sleep Medicine? If yes, please state your position.   | YES | NO |

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.

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

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