



DISCLOSURE STATEMENT FOR 2023

Name and Staff Position, if applicable: _____

Volunteer Position(s), if applicable: Member of _____ Committee or Member of _____ Subcommittee

Editor of _____ Journal/Periodical; Member of _____ (City, State) Leadership Board

CONFLICT OF INTEREST DISCLOSURES

In compliance with the Conflict of Interest Policy (“Policy”), disclose the following transactions pertaining to you, your immediate family members (defined as spouse/domestic partner, sons, daughters, parents, brothers, sisters, or someone with whom you reside) (“you”) as it relates to the American Diabetes Association and its subsidiaries (“Association”). If you need additional space, attach a separate sheet. ***Timeframe: over the past 12 months or anticipated over the next 12 months.*** Check if the value is \$10,000 or more.

- 1. Direct Transactions with the Association.** Disclose transactions between you and the Association, including the following:
- a. You are a direct recipient of a grant or honoraria from the Association (e.g., campership, or royalties).
 - b. You are an employee/partner/owner of a company providing goods or services to the Association.

Note: Staff will review Association records and will add to this Disclosure Statement if your employer receives a grant for research or other programs with another individual as the direct recipient.

NONE

<u>Company/Entity/Person (indicate “self” or list name)</u>	<u>Type of Transaction or Relationship (a, b, or “other” – please explain)</u>	<u>Check if ≥\$10,000</u>

- 2. Transactions and Relationships with Industry.** Industry is: Any corporation, partnership, sole proprietorship, or other legal entity, both for profit and not-for-profit, engaged in the manufacture, distribution, sale, or reimbursement of diagnostic or therapeutic drugs, devices, supplies, or service for clinical care, research, or education. This definition does not include a physician or other clinician’s practice plan, or reimbursement for clinical services provided to a clinician’s patients. It does not include professional associations, not-for-profit volunteer health organizations, academic institutions or hospitals that provide products or services related to medical care, medical research; or accredited medical education. Examples include pharmaceutical companies and medical device companies.

Disclose transactions and relationships between you and Industry, including the following:

- a. Your employer receives Industry research funding and you are directly involved.
- b. You are a direct employee or paid consultant to Industry.
- c. You are a recipient of other Industry benefits, such as travel.
- d. You are a participant in a speaker’s bureau sponsored by Industry.
- e. You are a member of an Industry advisory board or an instructor/speaker at a CME sponsored by Industry.
- f. You are a stockholder/investor of an Industry company or inventor of a diabetes-related product.
- g. You are an employee/partner/owner of a company providing goods or services to Industry.

NONE

<u>Company/Entity/Person (indicate "self" or list name)</u>	<u>Type of Transaction or Relationship (a to g or "other" – please explain)</u>	<u>Check if ≥\$10,000</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Transactions and relationships between you and other companies/organizations. Disclose transactions and relationships including the following:

- a. You are serving as a senior volunteer to another nonprofit or charity.
- b. You are employed as senior staff of another nonprofit or charity.

NONE

<u>Company/Entity/Person (indicate "self" or list name)</u>	<u>Type of Transaction or Relationship (a, b or "other" – please explain)</u>
_____	_____
_____	_____
_____	_____

4. Other: List any other activities in which you are engaged which could be construed as constituting a Conflict of Interest.

NONE

5. Signature: Your signature confirms the following:

- a. I have read, understand and agree to abide by the Association’s Conflict of Interest Policy;
- b. If I have questions or need additional information in order to complete this form, I agree to contact the Vice President, Legal Affairs.
- c. I have completed this disclosure statement fully and accurately to the best of my knowledge;
- d. I shall inform the Association immediately of any changes to transactions or relationships involving me, my family members, or someone with whom I reside that require disclosure;
- e. I shall not inappropriately disclose propriety or confidential information.

Signature

Date