

American Psychiatric Association

FINANCIAL STATEMENT, DISCLOSURE OF AFFILIATIONS AND INTERESTS FORM

Approved by the Board of Trustees March 14, 2015

Full Name, Degree(s) (if this form is being completed by, or for a family member, please indicate the family member's name and relationship as well as that of the APA member)

Name: _____

Address: _____

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APA has adopted a Financial Statement, Disclosure of Affiliations and Conflict of Interest policy and implemented procedures to ensure the integrity of its policies, procedures, and resulting work and products. The identification of an interest or affiliation below *does not necessarily* indicate that an individual has a conflict of interest. An individual may still be able to participate in the activities of the APA if an identified interest or affiliation creates an apparent or potential conflict.

The tables below represent your disclosure of interests and affiliations for the last three calendar years and current year (January 1st through December 31st) through the present, including those for immediate family members who are defined as spouse/significant other or dependent children. Please complete a separate disclosure form for each member of your immediate family if indicated.

Except as otherwise provided for in APA policies or permitted or mandated by law, the financial information set forth in this Disclosure Statement is submitted to APA on a confidential basis and solely for the purposes stated herein and in the APA policy on conflicts of interest. Notwithstanding the foregoing, the undersigned acknowledges and agrees that neither APA nor any of its affiliates will have any liability arising from any disclosure or use of the information in this Disclosure Statement as contemplated herein or any inadvertent disclosure thereof.

Disclosure of Significant Interests Involving Non-Profit, Professional or Consumer Advocacy Organizations, For-Profit Industry, Individual or Group Incorporated or Unincorporated Private Practice related to the field of psychiatry:

COMPENSATED AFFILIATIONS:

- All forms of **financial support, commercial involvements, or other financial involvements related to the field of psychiatry whether or not they may appear to represent a conflict of interest**, from:
 - One's primary source of income and/or employment (Private Practice, University, Hospital, etc.)
 - Non-Profit, Professional or Consumer Advocacy Organizations (including University and Hospital appointments)
 - For-Profit Industry, Individual or Group Incorporated or Unincorporated Private Practice, and Private Practice.
 - Including but not limited to the following:
 - institutional or corporate affiliations

- pharmaceutical or device company support,
- paid consultancies, expert testimony on behalf of a party to the case that is a pharmaceutical or medical device company.
- stock ownership or other equity interests (including exchange-traded funds geared specifically to pharmaceutical or medical device companies), stock options, patent income,
- research support, advisory committee membership,
- publication or other royalties, speaking or writing honoraria,
- funds for travel, and
- interest in patents, instruments and measurement scales, and technologies (including software companies).

Organization or Activity	Year(s)	Role Key #(s)*	Income Range (Key #)*

**Please see key below
Extra pages are provided below*

<p>ROLES / ACTIVITY KEY NUMBER:</p> <ol style="list-style-type: none"> 1. Employment: Full- or Part-time (Specify: Clinical, University, Private Practice, HMO, Hospital, Healthcare System, APA, etc) 2. Consultant /Consultation Fees (include industry consulting, scientific advisory boards, editorial board membership, etc) 3. Grant-Research Support received 4. Speaking honoraria (including speaker's bureau & grand rounds and other presentations - both sponsored by pharmaceutical companies and not sponsored by pharmaceutical companies) 5. Publication/writing honoraria 6. Stock or other financial options (<u>excluding</u> mutual funds) 	<ol style="list-style-type: none"> 7. Expert testimony 8. Royalties (including right to share of revenue or profit from pharmaceutical, device or other development, book, other publication, scale, or other product) 9. Honoraria/non-royalty payments for scale development 10. Relevant Patents 11. Officer, director/trustee, executive (specify) 12. Travel funds 13. Gifts 14. Retired 15. Other (specify)
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<p>INCOME RANGES KEY NUMBER:</p> <ol style="list-style-type: none"> 1. \$0 to less than \$500 2. \$500 - \$4,999 3. \$5,000 – \$9,999 	<ol style="list-style-type: none"> 4. \$10,000 - \$49,999 5. \$50,000 - \$99,999 6. \$100,000 - \$499,999 7. \$500,000 – \$999,999 8. More than \$1,000,000
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UNCOMPENSATED AFFILIATIONS:

- Non-Profit, Professional or Consumer Advocacy Organizations,
- For-Profit Industry related to the field of psychiatry (e.g., reviewers on study sections, editorial review boards).
- Uncompensated indicates that no financial compensation or reimbursement was received except for routine travel, lodging or meals (e.g. to give a presentation, attend a committee meeting)

It is not required to list membership *unless* you are at a leadership level.

Organization	Year(s)

OWNERSHIP INTERESTS:

- Ownership, Equity or Options.
 - Unless disclosed above, this includes all forms of **financial interest or other financial involvements related to the field of psychiatry whether or not they may appear to represent a conflict of interest even if no current income is received from these interests *provided* that the ownership either has a value greater than \$25,000 or constitutes more than 1% ownership interest in a covered entity.**
 - This includes, but is not limited to, stock ownership or other equity interests (including exchange-traded funds geared specifically to pharmaceutical or medical device companies), stock options, patent ownership, and interest in patents, instruments and measurement scales, technologies (including software companies) and intellectual property.

Organization or Activity	Year(s)	Role Key #(s)*	Value Range (Key #)*

I have read the APA's Policy for Disclosure of Interests and Affiliations and agree to participate in accordance with those terms.

I have identified all interests and affiliations about which information has been requested and I understand that APA will require yearly updates of this disclosure over the tenure of my participation in APA activities. I agree to promptly notify, in writing, the Secretary of the APA should these change in any way and to identify any additional interests and affiliations at that time.

_____ **Date**

_____ **Signature**

_____ **Please print or type full name**

EXTRA PAGES – COMPENSATED AFFILIATIONS

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Organization	Year(s)	Role Key #(s)*	Income Range (Key #)*

COMMENTS RELATED TO – COMPENSATED AFFILIATIONS

EXTRA PAGES – UNCOMPENSATED AFFILIATIONS

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