

CONFLICT OF INTEREST DISCLOSURE FORM Single Entity / Activity

I have received and read the Accreditation Commission for Acupuncture and Herbal Medicine's (ACAHM or Commission) "Conflict of Interest and Disclosure Policy" and agree to fully comply with its terms and conditions at all times during my service as an ACAHM Representative.

Institution or description of accreditation activity for which this conflict of interest disclosure applies:

I DO NOT have any actual or possible conflicts of interest, as defined below, to disclose at this time.

- A. Neither I nor an immediate family member/significant other has a significant financial interest (an equity interest that exceeds \$5,000 in value or 5% ownership) in the institution or entity noted above that provides products, educational services and/or clinical services that are likely to be affected by actions taken by the Commission.
- B. Within the previous 7 years, neither I nor an immediate family member/significant other has received consulting fees, licensing fees, honoraria, stock options, travel expenses, lodging, gifts, gratuities, entertainment, free products or services from the institution or entity noted above which provides products, educational services and/or clinical services that are likely to be affected by actions taken by the Commission.
- C. Currently, or within the previous 7 years, neither I nor an immediate family member/significant other has served as an officer or director, or has been employed by or on behalf of the institution or entity noted above which provides products, educational services, and/or clinical services that are likely to be affected by actions taken by the Commission.
- D. Neither I nor an immediate family member/significant other is aware of facts or circumstances involving the institution or entity noted above which provides products, educational services and/or clinical services that may compromise the integrity of the Commission as an accreditor.
- E. Neither I nor an immediate family member/significant other is a student, former student, or a graduate of the institution or program noted above that is either accredited by or in candidacy with ACAHM.
- F. I have not been involved (employed, consultant, etc.) with a competitive program or institution in the same geographic area as a proposed ACAHM assignment.

I have the following actual or possible conflict(s) of interest to disclose (see examples A - F above):
Briefly describe the concern and the specific individual(s) and corresponding institution or entity involved.

DISCLOSING ACAHM REPRESENTATIVE: If at any time following the submission of this *Disclosure Statement* I become aware of any actual or possible conflict of interest, or if the information provided herein becomes inaccurate or incomplete, I will promptly notify the ACAHM Executive Director. I AGREE THAT ENTERING MY FULL NAME AND DATE BELOW SHALL SERVE AS MY ELECTRONIC SIGNATURE FOR ALL PURPOSES.

Name:

Date:

ACAHM STAFF REVIEW VERIFICATION:

1. No actual or potential conflict of interest exists:

2. An actual or potential conflict of interest exists:

Date referred to the Executive Committee of ACAHM:

Final Disposition:

ACAHM REVIEWER:

Name:

Date:

Accreditation Commission for Acupuncture and Herbal Medicine

Related Commission Policies: *Code of Conduct and Professional Ethics Guide; Conflict of Interest and Disclosure Policy; Commissioner Manual; Site Visit Manual*

References: 20 U.S. Code § 1099b; 34 CFR 602.14(b)(3), 602.25(f)(1)(ii)