

Confidential Disclosure Statement Name _____

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In order for the College to most effectively further its mission and to otherwise maintain its excellent reputation in the medical community and with the public, it is important that confidence in the College's integrity be maintained. The cornerstone of the ACR's Disclosure Policy is disclosure of actual and potential conflicts so that they can be evaluated by the College in order to avoid undue influence of potential conflicts.

The purpose of the ACR's Disclosure Policy is identification of relationships which may pose actual or potential conflicts. These actual or potential conflicts can then be evaluated by the College so that adjustments can be made which will avoid any undue influence. This policy is based on the principle that, in many cases, full disclosure of the actual or potentially conflicting relationship will of itself suffice to protect the integrity of the College and its interests.

Instructions: Please complete each section to the best of your knowledge with reference to your activities and investments currently and for the preceding 12- month period.

1. Primary Employment (and other salaried positions) - If self-employed, but formally paid through a corporation or other entity, indicate "self-employed" under Employer.

Employer	Position

2. Sources of Personal Income (salary information from primary employer is not required) – including speakers bureau, honoraria, royalties, expert witness fees, advisory boards, or any other sources of income (please specify).

Firm	Activity	Current Value
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None <input type="checkbox"/> <\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000

3. Intellectual Property - Do you currently receive, anticipate receiving, or have a reasonable expectation to receive income from intellectual property sources, including but not limited to copyrights, patents, or licenses?

- YES
- NO

If yes, please describe the nature and source of such intellectual property. _____

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4. Research Grants/Contracts - If you are currently listed or have in the past 12 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study

5. Investments

A. Medical industry - Do you have any medical industry-related investments, including but not limited to stocks, bonds, options, or other form of investment or ownership in companies in the following industries: pharmaceutical, biotechnology, medical education, medical publishing, medical internet, or other healthcare-related endeavors?

Firm	Type	Current Value				
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000

B. Non-Medical industry - Do you have any non-industry-related investments, including but not limited to stocks, bonds, other options or ownership, or contractual relationships with any non-medical companies that might conflict with your duties/position with the ACR? Include any relationship with a company that has or might be considered for a business relationship with ACR.

- YES
- NO

If you answered YES to 5B, please specify below:

Company Name: _____ Investment/Relationship: _____

[The current value need not be disclosed.]

6. Organizational Benefit – Are there any monies obtained or assigned by a university, department, institution, foundation, private enterprise group, or any other entity as a result of your activities (e.g. unrestricted educational grants)?

Sponsor	Institution	Activity	Current Value				
			<input type="checkbox"/> None	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$25,001-\$100,000	<input type="checkbox"/> >\$100,000
			<input type="checkbox"/> None	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$25,001-\$100,000	<input type="checkbox"/> >\$100,000

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			<input type="checkbox"/> None	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$25,001-\$100,000	<input type="checkbox"/> >\$100,000
			<input type="checkbox"/> None	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$25,001-\$100,000	<input type="checkbox"/> >\$100,000
			<input type="checkbox"/> None	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$25,001-\$100,000	<input type="checkbox"/> >\$100,000

7. Activities with other organizations – Do you currently serve in any official capacity, including service as an officer, director, committee member, or editorial board member, with any international, national or state professional society, any federal or state agency, any health care organization or any other entity that engages in activities that could be considered competitive to ACR’s interests or activities specifically including, but not limited to, the areas of education, advocacy, registry formation and operation, research and fundraising?

Organization	Position	Value of stipends, honoraria, etc. received in past 12 months				
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000

8. Family or Other Relations - In accordance with the ACR’s disclosure policies, relevant financial or other relationships of members of your immediate family should also be disclosed. This includes but is not limited to spouse/domestic partner, parents, siblings, children, and grandchildren. Please list any significant relationships or activities where members of your family may be involved.

Relation (spouse, child, etc.)	Activity/Position	Current Value				
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000
		<input type="checkbox"/> None	<input type="checkbox"/> <\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> >\$25,000

Comments/Explanation - Is there any additional relevant information that you feel should be disclosed or other relationships that you would like to clarify?

CERTIFICATION STATEMENT: The above information is true and complete to the best of my knowledge. I have read and understand the ACR Code of Ethics and other policies relating to my obligations to the American College of Rheumatology. If there are any changes in my circumstances, I will update my Disclosure Statement as promptly as possible.

Name: _____ Signature: _____

Date: _____

Attach additional pages if necessary.