



CONFLICT OF INTEREST DISCLOSURE FORM
Single Entity / Activity

I have received and read the Accreditation Commission for Acupuncture and Oriental Medicine's (ACAOM 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 ACAOM Representative. []

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

[Empty text box for institution or description]

[] 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...
B. Within the previous 7 years, neither I nor an immediate family member/significant other has received consulting fees...
C. Currently, or within the previous 7 years, neither I nor an immediate family member/significant other has served as an officer or director...
D. Neither I nor an immediate family member/significant other is aware of facts or circumstances involving the institution or entity...
E. Neither I nor an immediate family member/significant other is a student, former student, or a graduate of the institution or program...
F. I have not been involved (employed, consultant, etc.) with a competitive program or institution in the same geographic area as a proposed ACAOM 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 ACAOM 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 ACAOM Executive Director. I AGREE THAT ENTERING MY FULL NAME AND DATE BELOW SHALL SERVE AS MY ELECTRONIC SIGNATURE FOR ALL PURPOSES.

Name:

Date:

ACAOM 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 ACAOM:

Final Disposition:

ACAOM REVIEWER:

Name:

Date:

Accreditation Commission for Acupuncture and Oriental Medicine

Related Policies:

ACAOM Code of Conduct; ACAOM Conflict of Interest and Disclosure Policy; ACAOM Commissioners Manual; ACAOM Site Visitor Manual

References:

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