American Academy of Clinical Toxicology

ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM FOR TRUSTEES AND OFFICERS

Name (please print)	
Date	Position at AACT
actual, potential and perceived conflicts of intereidentified, disclosed and managed. This form is	nical Toxicology (AACT) to address how issues of st involving trustees and officers AACT should be designed to identify and disclose known conflicts in Board of Trustees September/October meeting each
and understand that it is my obligation to act	approved by the Board of Trustees on 10/05/2006 in a manner that promotes the best interests of making decisions and taking actions on behalf of
belief. Should a possible conflict of interest that I have the obligation to notify, based on r Treasurer) and to abstain from any participatio a conflict exists and how that conflict shall b	orrectly stated to the best of my knowledge and arise in my responsibilities to AACT, I recognize my position, the appropriate individual (President on in the matter until AACT can determine whether the eresolved. If any relevant changes occur in my I recognize that I have a continuing obligation to be Form" with the AACT office.
confidential information. Release of this info	form is solely for use by AACT and is considered ormation within AACT will be on a need-to-know I be only when required by law and/or federal
Signature	Date
Please complete the following questions, and s Treasurer of AACT.	submit this form to the President or Secretary or
	an officer, director, trustee, partner (general or of any company, firm or organization that presently reasonably be expected to have business dealings

If yes, please list the name of the company, firm or organization, the position held, and the nature of the business which is currently being conducted with AACT or which may reasonably be expected to be conducted with AACT in the coming year:

2. Do you or does any member of your immediate family have a financial interest, direct or indirect, in a company, firm or organization that currently have business dealings with AACT or which may reasonably be expected to have such business dealings with AACT in the coming year? YesNo
If yes, please list the name of the company, firm or organization, the nature of the interest and the name of the person holding the interest, and the nature of the business which is currently being conducted or which may reasonably be expected to be conducted with AACT in the coming year:
3. Do you or does any member of your immediate family have a financial or personal interest in an entity in which AACT has a financial or other vested interestYesNo If yes, please provide details below:
4. Have you or an immediate family member accepted gifts, gratuities, lodging, dining, or entertainment that might reasonably appear to influence your judgment or actions concerning the business of AACT?YesNo
If yes, please provide details below:
5. Do you have any other interest or role in a firm or organization, where that interest or relationship might reasonably be expected to create an impression or suspicion among the public or AACT members having knowledge of your acts that you engaged in conduct in violation of your trust as a trustee or officer of AACT?YesNo
If yes, please provide details below:
Please add additional pages as needed.
If any material changes to the responses provided on the annual disclosure form occur before the next form is due, the trustee, officer or employee is required to update the information on this form in writing, and submit the update to the President and Secretary-Treasurer.
Form reviewed by:
Remedial Action(s) to be taken: