APIC MINNESOTA

Policy/Procedure

Policy # 05

Subject: **Policy 5: Conflict of Interest – APIC MN Board of Directors, Committee Chairs and Co-Chairs, and other Appointed Representatives**

Effective Date: **7/13/2000**

Reviewed by: **Secretary**

Approved by: **APIC MN Board of Directors**

Revision Dates: **8/2023**

POLICY

1. The Conflict of Interest Coordinator will be the Secretary of the APIC MN Board of Directors (BOD).
2. APIC MN BOD Members, Committee Chairs and Co-Chairs, and Appointed Representatives should demonstrate a commitment to APIC MN and may not use their position for their own financial gain.
3. APIC MN BOD Members, Committee Chairs and Co-Chairs, and Appointed Representatives must disclose any financial arrangements with any company or organization that would have a real or perceived conflict of interest with APIC MN.
4. APIC MN BOD Members, Committee Chairs, and other Appointed Representatives may not be a designated representative of two organizations that have a conflict of interest.
5. Any conflict of interest questions should be submitted to the Secretary for review.
6. The Secretary will bring any issues requiring consideration before the APIC MN BOD. The APIC MN BOD will make final decisions regarding conflict of interest.
7. No APIC MN BOD member, Committee Chair, or Committee Co-chair may accept a gift with a value in excess of $50 from any vendor or business associate and may never accept cash, or accept a gift of any value (even less than $50) where the receipt of the gift might create the appearance of a conflict.
8. A conflict of interest may arise when a person has an existing or potential financial interest or other material interest that impairs, or might appear to impair, his or her independence or objectivity in the discharge of responsibilities and duties to the Association. Conflicts may also arise when there is no financial interest for example the pursuit of professional advancement or recognition and/or the desire to do favors for friends, family, students or colleagues.
9. *A conflict of interest does not necessarily make an individual ineligible to serve, but may limit the individual's ability to participate in certain activities such as voting*

or discussions.

PURPOSE

To avoid being placed in a position of conflict of interest that could result in personal or financial gain based on one's position within APIC MN and employment or involvement with an outside organization, business entity, or investment.

PROCEDURE

1. Each APIC MN BOD Member, Committee Chair or Co-Chair, and other Appointed Representative shall complete a written conflict of interest declaration at the beginning of each calendar year.
2. In the event of employment changes during the year, the APIC MN BOD Member, Committee Chair or Co-Chair, or other Appointed Representative will notify the Secretary and complete a new Conflict of Interest Declaration (see attachment & related forms)The Secretary will notify the APIC MN BOD of the change in status at the next scheduled APIC MN BOD meeting.
3. The Secretary will maintain declarations on file until the end of the calendar year.
4. At the beginning of each APIC MN BOD meeting, each board member in attendance shall briefly state their name, employer and review any conflict of interest verbally for the record.
5. APIC MN BOD Members, Committee Chairs and Co-Chairs, and other Appointed Representatives must abstain from voting on issues where potential conflict of interest might exist.

ATTACHMENTS & RELATED FORMS

Conflict of Interest Declaration

CONFLICT OF INTEREST DECLARATION

Name: Click or tap here to enter text.

Employer Name: Click or tap here to enter text.

Employer Address: Click or tap here to enter text.

Position: Click or tap here to enter text.

Your current leadership position within APIC MN:

I have read and agree with my APIC MN Job description: Yes ☐ No ☐

Has your principal employer changed since your last declaration? Yes ☐ No ☐

Do you serve on other professional boards or hold an office or serve in a "leadership role" in another professional organization?

Yes ☐ No ☐

If "yes" please list: Click or tap here to enter text.

Do you have any "official title or position" in any other health care related company either for profit or non-profit (other than with your current employer)? Yes ☐ No ☐

If "yes" please list: Click or tap here to enter text.

What material revenue sources ($\geq$ 10% of your gross annual income) could impact your decision-making for APIC MN? (For the purposes of determining materiality, include estimated value of expenses paid for reimbursed, i.e., airfare, hotel, meals, spouse or family subsidies as well as direct payments). Also, if you are aware of any major investments or holdings in companies that may represent a conflict or influence your decision-making, disclose them here: None

Date: Click or tap here to enter text. Signature Click or tap here to enter text.
(Placing name in above space, signifies signature)

Form Updated Oct. 2010 for use beginning 2011