



Dear ACP Volunteer:

The Board of Directors has adopted the concept of implementing a Full Disclosure Policy for all ACP Volunteers. When performing volunteer work for the ACP (such as Board involvement, committee activities, or speaking at educational meetings), it is imperative that all members be aware of their colleagues' external interests and potential conflicts. The formal disclosure provides transparency to our membership and demonstrates that the College is acting with due diligence.

ACP Record Keeping

The ACP Headquarters Office will maintain a Disclosure of Interest Statement form for each Volunteer (see disclosure statements [Sections I & II] on the attached form). These forms will be reviewed prior to each event (board/committee meeting, educational meeting, etc.).

You are asked to sign each section separately. Complete and ***sign*** those parts which apply to you. All ACP volunteers must read and ***sign*** Section II, regardless of their financial or product disclosures.

Procedure to Update Disclosures

Twice annually, ACP Headquarters Staff will provide blank forms for each volunteer to update their disclosures.

ACP DISCLOSURE OF INTEREST POLICY

Full Disclosure Declaration

As a Volunteer of the American College of Phlebotomy, you must insure balance, independence, objectivity, and ethical rigor in all of your activities with the College. All volunteers are required to disclose any significant financial interest or other relationship they or an immediate family member has with:

1. Pharmaceutical companies,
2. Biomedical device manufacturers,
3. Other corporations whose products or services are related to the subject matter of the ACP's business, and
4. Any commercial supporters of any activity that may have a direct bearing on the subject matter discussed during ACP events. Significant financial interest or other relationships can include (but is not necessarily limited to) such things as grants or research support, employee, consultant, stockholder, member of speakers' bureau, honoraria or travel expense reimbursements, etc.

The intent of this disclosure is not to prevent a volunteer with a significant financial or other relationship from serving, but rather to provide the ACP membership, other volunteers, and management with full disclosure of potential conflicts of interest.

DISCLOSURE OF INTERESTS STATEMENT

Printed Name (Please print clearly): _____

Section I – Financial Disclosure

Do you have a financial interest/arrangement or other affiliation with one or more organizations that could be perceived as a conflict of interest in your work as a volunteer with the American College of Phlebology? *(Check one box)*

Yes (Complete Part B below, then go to Section II on the next page.)

No (Complete Part A below, then go to Section II on the next page.)

Part A – Declaration of No Financial Conflict of Interest

I have no financial conflict of interest or other relationship with a commercial entity in relation to committee activity.

Part B – Financial Disclosure of Interest

In order to maintain balance and integrity in ACP proceedings, the disclosures recorded below will be reviewed prior to ACP events in which you are involved.

Please list below the organizations and categories that apply to you or an immediate family member.

Organization	Employee	Grant/Research Support	Consultant	Stock and/or shareholder*	Speakers' Bureau	Other Fin'l or Mat'l Support**

* Does not include mutual funds.

**Explain Other Financial or Material Support: _____

(Signed copy is kept on file at Headquarters office.)

Please continue to next page.

DISCLOSURE OF INTERESTS STATEMENT
Signature Page

Section II – Governance Integrity

By signing this disclosure declaration, I attest that I have carefully complied with ACCME standards for Commercial Support and ACP's policies regarding disclosure, and that in my participation as a volunteer in ACP activities, I will remove myself from discussion and voting if I, the ACP, or other members believe my commercial interests would influence my decisions.

By signing this agreement below, I am certifying that I have fully and completely disclosed all commercial interests, relationships and associations that may be considered or may potentially pose a perception of a conflict of interest regarding my participation as a volunteer of the American College of Phlebology.

Printed Name (Please print clearly): _____

Signature

Date

**Please complete and return by mail or fax to
American College of Phlebology
101 Callan Avenue, Suite 210, San Leandro, CA 94577
Fax: 510.346.6808**