

Nebraska Society for Respiratory Care  
Policy Statement

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Subject: Conflict of Interest (COI) Disclosure

Effective Date: May 2012

Date Reviewed:

Date Revised:

References:

1. AARC HOD Conflict of Interest (COI) Disclosure policy; 2010
2. AARC By-laws – as amended July 2007
3. Conflict of Interest Definition. BusinessDictionary.com. Retrieved November 14, 2009, from BusinessDictionary.com website:  
<http://www.businessdictionary.com/definition/conflict-of-interest.html>.)

Policy Statement:

The Nebraska Society for Respiratory Care recognizes the diverse interests of its members. Occasionally, members of the Board of Directors (BOD) may have associations with an external entity that will cause conflict in their ability to speak about and/or vote on resolutions and actions brought before the Board. This policy allows the membership of the BOD to disclose on a regular basis conflicts that may exist.

Policy Amplification:

1. On an annual basis the NSRC will require each member of the BOD to fill out a conflict of interest (COI) statement.
  - a. This COI statement must be filled out prior to the member's first Board meeting of the year.
  - b. The COI statement will be sent by the NSRC Secretary with the credentials form.
  - c. All COI statements must be received prior to the start of the meeting in order for the members to be seated at that meeting.
2. NSRC BOD COI Statements will be kept by the NSRC Secretary and will be accessible to the President or their designee. A spreadsheet will be created showing the completion of the COI forms and list any disclosed conflicts. This form will be confidential in nature and will only be accessible by the President or their designee.
3. Board members will be required to update the COI statement prior to the second meeting of the Board if they have previously provided one. This statement will either be a declaration that there is no change to the initial COI statement for the year or an additional disclosure of new conflicts.

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4. Board members are expected to disclose a COI during the course of a discussion that may not have been disclosed on their original COI statement.
5. The President will review the COI forms prior to the meeting and identify any potential issues. The President will speak with the Board member prior to the start of the meeting or discussion.
6. A perceived or real COI may necessitate a Board member having to remove themselves from the discussion and/or vote. The Board member in consultation with the President will reach that decision before the discussion begins.
7. Any Board member who is suspected of violating this policy may be subject to having a formal complaint filed with the Executive Board. A member found to be in violation of this policy may be removed as a NSRC BOD.

Notes:

External Entity – A corporation, association, organization, or special interest group which may have a formal and/or informal relationship(s) with the Nebraska Society for Respiratory Care.

Conflict of Interest- A situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional-interest or public-interest

Attachments:

1. Conflict of Interest Statement

### **Conflict Of Interest Questionnaire**

Pursuant to the purposes and intent of the resolution adopted by the Board of Directors of the Nebraska Society for Respiratory Care, requiring disclosure of certain interests, a copy of which has been furnished to me, I hereby state that I or members of my immediate family have the following affiliations or interests or have taken part in the following transactions that, when considered in conjunction with my position with, or relation to, the Association, might possibly constitute a conflict of interest. (Check "none" where applicable.)

1. **Outside Interests:** Identify any purchases or sales or property or property rights, interests or services by yourself or your immediate family that might be deemed to have been in competition with the Association.

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None \_\_\_\_\_

2. **Outside Activities:** Identify any instances in which you or any member of your immediate family have rendered directive, managerial or consultant services to any outside concern that does business with, or competes with, the services of the Association or have rendered any other services in competition with the Association.

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None \_\_\_\_\_

3. **Gifts, Gratuities and Entertainment:** Neither I nor any member of my immediate family have accepted gifts, gratuities or entertainment from any outside concern that does, or is seeking to do, business with, or is a competitor of the Association except as listed below:

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None \_\_\_\_\_

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4. **Inside Information:** Neither I nor any member of my immediate family have disclosed or used information relating to the Association's business for the personal profit or advantage of myself or my immediate family, except as listed below:

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None \_\_\_\_\_

5. **Other:** List any other activities in which you or your immediate family are engaged in what might be regarded as constituting a conflict of interest.

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None \_\_\_\_\_

I hereby agree to report to the NSRC Executive Director of the Nebraska Society for Respiratory Care, any further transactions that may develop before completion of my next questionnaire.

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Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

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NSRC Position \_\_\_\_\_

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Date \_\_\_\_\_