

Policy Number:	A-2
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CTSGNA Board Policy and Administrative Procedure Manuel

<u>Subject</u>: Vested Interest <u>Responsibility</u>: Articles and Bylaws Committee

Focus

Primary: CTSGNA Board of Director Members, CTSGNA Committee Members.

Purpose: To define conflicts of interest and to aid in preventing actual, potential or perceived conflicts of interest that may have a direct bearing on committee / Board of Directors work or functions.

Policy Statement: It is the policy of CTSGNA that all committee members, Board of Directors, members participating in any CTSGNA work or activity must disclose any actual, potential or perceived conflicts of interest as defined below that may have a direct bearing on the aforementioned work or activities. Vested interest disclosure should be made verbally at the start of the work or activity.

Procedure:

- A copy of this policy and corresponding Vested Interest Disclosure Declaration shall be given to CTSGNA Board of Director Members and Committee Members upon commencement of such person's relationship with CTSGNA or at the official adoption or amendment of stated policy.
- If questions arise, an opportunity for clarification will be arranged by the CTSGNA Board of Directors.
- Each CTSGNA Board Member, CTSGNA Committee Member shall sign and date the agreement at the beginning of his / her term of service and each year thereafter. Failure to sign does not nullify the agreement.
- Disclosures will be shared with Committee Chairs.
- Statements are maintained with CTSGNA presiding secretary.

CTSGNA COMMITTEE VESTED INTEREST DISCLOSURE DECLARATION

It is the policy of the Connecticut Society of Gastroenterology Nurses and Associates, Inc. (CTSGNA) that all Committee members participating in any CTSGNA work or activity must disclose any actual, potential or perceived conflicts of interest as defined below that may have a direct bearing on the committee work. Vested interest disclosure should be made verbally at the start of the work or activity.

Such conflict may include, but not be limited to:

- Any impropriety or perceived impropriety between the official activities of CTSGNA and paid or unpaid activities for other professional organizations.
- ✤ Any member who is an owner, employee, consultant, stock or bondholder, lecturer, officer or director for any health-related manufacturer, distributor or licensee of products or services associated with gastroenterology, endoscopy or patient care.

It is not the intent of this form to prevent a Committee member with potential conflicts of interest from working with CTSGNA. However, it is imperative that these relationships be identified so that committee members may form their own judgments about the work.

Committee:	
Term Year:	

• I, the undersigned, declare that I have no actual, potential or perceived conflicts of interest in relation to this program.

Signature

Date

<u>OR</u>

I, the undersigned, declare that I have an interest/arrangement or affiliation with an organization(s) that could be perceived as a real or apparent conflict of interest. Such disclosure allows the committee to better evaluate the objectivity of the committee work.

Organization:	Role:
Organization:	Role:
Organization:	Role:

Signature