

Society for Pediatric Sedation

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CONFLICT OF INTEREST – BOARD AND COMMITTEES CERTIFICATION AND DISCLOSURE

I, _____, certify that I have read and understand the Conflict of Interest Policy of the Society for Pediatric Sedation and agree to comply with it, as well as applicable laws that impact the Society.

Disclosure of Current or Potential Conflicts:

I affirm that, except as listed below, I have no financial interest or affiliation with any organization that may have interests that conflict with, or may appear to conflict with, the best interests of the Society for Pediatric Sedation (please insert NONE if applicable):

Should such conflicts or apparent conflicts of interest arise in connection with my responsibilities at the Society for Pediatric Sedation, I agree to:

- a. Discuss the conflict with the President of the Society, and
- b. Until management mitigates or otherwise resolves the conflict, refrain from participating in any discussions, deliberations, decisions or voting related to the conflict of interest.

Future Conflicts:

I also agree, during the term of my volunteer status with the Society for Pediatric Sedation, to report promptly to the Executive Committee of the Board any future situation that involves, or might appear to involve, me in any conflict between my outside interests and the best interests of the Society for Pediatric Sedation.

Printed Name

Signature

Date