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Association of Clinical Research Professionals

ETH-06-02.04 Ethics and Accountability

Conflict of Interest and Disclosure Form

Conflict of Interest

Volunteers and employees of the Association of Clinical Research Professionals (ACRP) and the Academy of Clinical Research Professionals (Academy) must always act in the best interests of ACRP and not for personal or third-party gain or financial enrichment. During your service to ACRP on its Board, a Committee, as a Staff member, or in any capacity, you agree to notify the ACRP Executive Director promptly if and when you determine that any actual, apparent, or potential conflict of interest exists as to that service. If you are unsure whether certain conduct may constitute a conflict of interest, please contact the Executive Director. You also agree to fully comply with any other ACRP policies or procedures regarding conflicts of interest.

Specifically, ACRP's volunteers and employees shall:

- Act in the best interests of ACRP and avoid even the appearance of acting in one's own self-interest or any third-party interest; while some personal or third-party benefit may flow from certain ACRP activities, that benefit must be clearly incidental to the primary benefit to ACRP.
- Not use their membership or ACRP's staff, services, resources, or property for their personal or third-party gain or pleasure, and shall not represent to anyone that their authority as a Board, Committee, or Staff member extends any further than that it actually does.
- Not engage in any outside business or profession that adversely affects ACRP, directly or indirectly.
- Not solicit nor accept gifts, gratuities, or any other item of value from any person or entity as a direct or indirect inducement to provide them special treatment in or related to any ACRP matter.
- Provide goods or services to ACRP as a paid vendor only after full disclosure to, and advance approval by, the Board Chair and Executive Director.
- Not attempt to persuade any ACRP employee to leave ACRP's employ of ACRP.
- Not attempt to persuade any ACRP member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity related to or with ACRP to terminate, curtail, or avoid its relationship to or with ACRP, nor in any way to reduce ACRP's benefits from that relationship.

Disclosure Form

As noted above, all ACRP Trustees, Committee Members, and Staff are expected to disclose any conflicts of interest as they may arise during their tenure with to ACRP. Further, all ACRP Trustees, Committee Members, and Staff identified by the Executive Director will complete the following Disclosure Form at the start of each calendar year. If a conflict of interest should arise after the disclosure form has been submitted, the Executive Director should be notified immediately and the nature/specifics of the conflict



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of interest should be submitted in writing within ten (10) business days. If time allows, the conflict of interest will be brought before the ACRP Board of Trustees for consideration. If time does not allow for a Board decision, the Executive Director will make this determination and then report to the ACRP Board of Trustees.

Please answer all questions, and if the answer to any question is "Yes," please explain. In this questionnaire, the term "immediate family" means your spouse, children, grandchildren, stepchildren, brothers, sisters, grandparents, parents, parents-in-law and grandparents-in-law.

- Do you, or a member of your immediate family, serve on the Board of Directors of any organization other than ACRP?
- Do you, or a member of your immediate family, have an ownership interest in any company that conducts business with ACRP? For purposes of this question, please exclude any ownership of publicly-traded equity securities.
- Have you, or a member of your immediate family, had a financial interest in any sales, purchases, transfers, leases, or guarantees entered into by ACRP during the reporting period? Please include any transactions that are currently pending completion.
- Have you, or a member of your immediate family, engaged in any activity, employment, or outside business activities that could result in an appearance of a conflict of interest? Please describe the scope of any such activity, both during the reporting period and pending.
- Have you, or a member of your immediate family, been indebted to ACRP at any time during the reporting period? Please exclude amounts related to ordinary travel and expense advances.
- Have you, or a member of your immediate family, received a gift in excess of \$250 during the reporting period, as a result of your ACRP service? If so, when was this gift reported to the Executive Director?



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I acknowledge receipt of this Conflict of Interest and Disclosure Form and state that the answers to the questions above are correct to the best of my knowledge and belief. Should any of these answers change during this calendar year, I will immediately notify the Executive Director of that change.

Signature

Date

Print Name