

230 Washington Avenue Extension • Albany, NY 12203  
(518) 456-8819 • Fax: (518) 456-9319

**TO:** (name)  
**President, Board of Directors**

**FROM:**

**SUBJECT: Disclosure Report**

**DATE:**

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Having read and understood the: New York State Council of Health-system Pharmacists Policy on Disclosure of Outside Activities," and the "New York State Council of Health-system Pharmacists Policy on External Professional and Business Activities," I hereby make the following disclosure pursuant to those policies. I understand that Disclosure is a continuing obligation and that in addition to the annual completion of this Form, I will keep the New York State Council of Health-system Pharmacists Board updated at other meetings of the Board, and make additional disclosures in accordance with Board policies.

1. List any health-related board, advisory panel, regulatory body, office, committee or programs which you have participated in during the past 12 months (include the name of the entity, the position held).

Company/Agency

Activity/Service

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2. List any grants received during the past 12 months (excluding NYSCHP grants), including name of granting entity and purpose and/or scope of grant.

Organization

Grant Purpose/Scope

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3. List the sources for scholarships, awards, gifts, honoraria, monies or other benefits which exceed \$2,500, received during the past 12 months from activities, services, retainers or consultancies (include the name of the paying entity, and a description of your service) that might give rise to a conflict of interest with NYSCHP.

Organization

Service/Activity

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4. Describe, to the best of your knowledge, any financial interest which exceeds ten percent of your gross annual income or a ten percent equity interest, or other significant interest of yourself or an immediate family relative, such as a spouse, child or parent, in any outside activity or entity which does substantial business with or is in direct competition with NYSCHP.

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5. Describe, to the best of your knowledge, any other transactions or actions in the past 12 months in which you or an immediate family member has a personal interest or in which you competed, directly or indirectly, with the interests of NYSCHP.

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Name

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Signature

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Date