



The New York State Council of Health-system Pharmacists

Pine West Plaza • Building 2 • Washington Avenue Extension • Albany, NY 12205
(518) 456-8819 • Fax: (518) 456-9319

TO: (name)
President, Board of Directors

FROM:

SUBJECT: Disclosure Report

DATE:

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

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

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

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.

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.

Name

Signature

Date