



Conflict of Interest Disclosure Form

Please identify conflicts of interest during the past year. All questions need to be answered.

1. Do you or your spouse combined have an equity interest such as ownership interest, stock options (excluding mutual funds), or any other equity interest in a commercial business in the health care field? If yes, please describe in detail.

Yes ___ No

2. Have you or your spouse received payments for compensation for advisory board participation, consultation with any commercial business in the health care field, speakers bureau participation, grants to fund research? If yes, please explain.

Yes ___ No

Advisory Board – list each company:

None

Consultation – list each company

None

Speakers Bureau – list each company:

None

Research Grants – list each company:

None

Date: 04-06-2014

Signature: _____