



PO BOX 8000 | Old Westbury, NY 11568  
(212) 261-1784 / Toll Free (800) 841-4131  
[www.nysoms.org](http://www.nysoms.org) | [nysoms@nysoms.org](mailto:nysoms@nysoms.org)

## CONFLICTS OF INTEREST STATEMENT & DISCLOSURE FORM

The Board of Directors must act at all times in the best interests of the New York State Osteopathic Medical Society (NYSOMS) and not for personal gain or financial enrichment. When encountering potential conflicts of interest, board members shall identify the potential conflict and, as required, remove themselves from all discussion and voting on the particular matter. Specifically, the Board of Directors shall:

1. Avoid placing (and avoid the appearance of placing) one's own self-interest above that of NYSOMS; while the receipt of incidental personal benefit may necessarily flow from certain NYSOMS activities, such benefit must be merely incidental to the primary benefit to NYSOMS and its purposes;
2. Not abuse their board membership by improperly using their board membership or NYSOMS's staff, services, equipment, materials, resources, or property for their personal or private business gain or pleasure, and shall not represent to third parties that their authority as a Board member extends any further than that which it actually extends;
3. Not engage in any outside business, professional, or other activities that would directly or indirectly materially adversely affect NYSOMS;
4. Not engage in or facilitate any discriminatory or harassing behavior directed toward NYSOMS trustees, staff, members, meeting attendees, exhibitors, advertisers, sponsors, suppliers, contractors, or others in the context of activities relating to NYSOMS;
5. Not solicit or accept gifts, gratuities, free trips, honoraria, personal property, or any other item of value from any person or entity as a trustee or indirect inducement to provide special treatment to such donor with respect to matters pertaining to NYSOMS without fully disclosing such items to the Board of Trustees;
6. Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with a relationship to or with NYSOMS to terminate or curtail its relationship to or with NYSOMS, or to in any way reduce the monetary or other benefits to NYSOMS of such relationship.

To help avoid any conflicts of interest, disclose ownership or other proprietary interests, responsibilities, circumstances, or other reasons why you (or, by extension, any member of your family) might have an actual, apparent, or potential conflict of interest with your duty to NYSOMS, both respect to the conflicts prohibited above and any others. You hereby invite further review by NYSOMS of any aspects of these circumstances that might be considered appropriate.

In addition, you agree to take other steps, such as avoiding deliberation and resolution of certain issues or even withdrawing from your membership on the Board of Directors, if it is determined that such steps are

necessary to protect the integrity of the Board of Directors and avoid the breach of your fiduciary duty to NYSOMS.

Finally, during such time as you continue to serve on the Board of Directors, you agree to notify the NYSOMS Executive Director and President promptly if and when you determine that any additional actual, apparent, or potential conflicts of interest with your duty to NYSOMS arise subsequent to the execution of this form.

Please complete the appropriate section below:

I have an actual, apparent or potential conflict(s):

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I do not have any actual, apparent, or potential conflicts.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_