All Elected and Appointed Volunteers, Staff and Consultants
Disclosure of Potential Conflicts of Interest

Please complete and return the following form to AOA. Submission and review of your form is required before participation in AOA activities.

I affirm that I, my spouse, or a member of my immediate household engages in the following personal, professional, or business/financial activities related, directly or indirectly, to the practice and profession of optometry for the period 2017 – present (use additional sheets, if necessary):

1. Primary Employment / Professional Practice:

2. Secondary Employment and Volunteer Positions:

(Please list any other regularly-carried on paid employment or volunteer positions related to the practice or profession of optometry).

3. Other Optometry-Related Income:

(This category is intended to capture all small payments or in-kind gifts that would be reported to the CMS open-payments database. Because such small payments would not ordinarily create a conflict of interest in practice, you are not required to list specific payors unless the cumulative amount of the payment exceeds $500.)

For a list of types of payments reported to CMS, visit the CDC website at: https://www.cms.gov/OpenPayments/About/Natures-of-Payment.html

If payment amount for any category is greater than $500 cumulative, please fill out Section 6.

a. Pharmaceutical and Medical Device Promotional Activities, Consulting, and Lecturing:
   Amount: □ None □ Under $500 cumulative (various payors) □ Over $500 cumulative (go to section 6)

b. Travel, Food & Beverage, Entertainment:
   Amount: □ None □ Under $500 cumulative (various payors) □ Over $500 cumulative (go to section 6)

c. Continuing Education Lecturing:
   Amount: □ None □ Under $500 cumulative (various payors) □ Over $500 cumulative (go to section 6)

d. Other:
   Amount: □ None □ Under $500 cumulative (various payors) □ Over $500 cumulative (go to section 6)

4. Investments related to the practice and profession of optometry (exceeding $10,000 in equity, or greater than 5% ownership interest), not including professional practice of which you are an owner, member, or employee:

(The purpose of Question #4 is to disclose material economic interests in businesses or property whose value may be affected by the actions of the AOA. It is not necessary to disclose the size or dollar amount of listed equity or
ownership interests. In addition, it is not necessary to investigate whether you may own shares exceeding the $10,000 threshold through an employer-sponsored retirement account, broad market mutual fund, ETF, or similar investment unless such information is already known to you or is readily ascertainable. However, a targeted sector fund or ETF related to health care or health care products should be disclosed. Examples include but are not limited to: shares of vision and health insurers; manufacturers of eyeglass frames, lenses, contact lenses, pharmaceuticals, or other equipment and supplies used in the practice and profession of optometry; providers of services to optometrists.

5. Other professional association memberships related to health care (excluding AOA affiliates):

(Please list other professional or trade associations in the health care field to which you belong. It is not necessary to list AOA affiliates. If none, please write “none.”)

6. Other Optometry-Related Income (complete only if you listed payments exceeding $500 in section 3):

(From Section 3; for payments of $1,000 or more, please list total amount. If no single payor exceeds $500, you may report the payor as “various” and check the appropriate box for the collective amount of the payments)

a. Pharmaceutical and Medical Device Promotional Activities, Consulting, and Lecturing:

Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+

b. Travel, Food & Beverage, Entertainment:

Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+
Payor: ___________________________ Amount: ☐<$500 ☐$500 - $999 ☐$1000+

I agree I will advise the AOA General Counsel if, during my term of office, appointment, or employment any additional possible conflict of interest arises.

Name: ________________________________
Address: ________________________________
Phone Number: ____________________________
Date ____________________________ Signature ____________________________