

## Conflict of Interest Form

# Conflict of Interest Disclosure Form

**Sample Form - not suitable for submission**

**Contact the Department of Compliance at (718) 920-8239 for assistance**

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Dear Applicant:

In connection with your appointment or reappointment to the medical/allied health staff at Montefiore, you are required to complete and submit an electronic Conflict of Interest Disclosure Survey. This replaces the former paper survey form.

For your reference, please consult the Montefiore Health System **Conflict of Interest Policy**. After completion and submission of the electronic survey, you must print out the confirmation form and include it with your application package. Your application will not be considered complete until this confirmation is received and any potential conflict of interests are reviewed and managed.

Please note that you have a continuing obligation to ensure that your survey responses remain accurate during your credentialing period; therefore, you should print a copy of your survey responses and amend your survey as appropriate. You may access the same link, above, to submit any changes.

**Please allot up to a half hour (1/2) of uninterrupted time to complete the survey; logging out prior to completion may result in loss of data.**

**Please be advised when entering monetary values, please enter in whole dollar amounts.**

If you have any questions or require technical support to complete the form, please contact Koji Mabuchi, Director, Corporate Compliance at [kmabuchi@montefiore.org](mailto:kmabuchi@montefiore.org) or 718-920-6351.

Lynn A. Stansel

Vice President & Counsel, Compliance

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**Last Name:**

**First Name:**

**Email Address:**

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**Telephone Number:**

**Please select your primary Montefiore Health System Site:**

**Employment Status:**

**Please select your Department:**

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**Please review the Terms and Definitions related to the questions below.**

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- 1.** As set forth in the applicable site policy, do you or a **Family Member** have any relationship with or financial interest in any entity that does business with Montefiore Health System?

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- 2.** Have you or a **Family Member** received anything else of value from a **Business**, such as payment for trips or **travel** expenses, **gifts** over \$100, or honoraria?

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- 3.** Do you or a **Family Member** have or potentially have any **intellectual property** interests not reported in above, such as inventions, patents or royalties, that could in any way present or create an appearance of a potential **conflict of interest**?

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- 4.** Have you or do you plan to serve as a speaker for any **Business**, including participation on any Speaker's Bureau?

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- 5.** Do you have a **Family Member(s)** who is employed by or serves as a consultant, independent contractor, provider, or trustee to Montefiore Medical Center or its related activities?

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- 6.** Have you or do you plan to act as an expert witness or consultant in any litigation?

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- 7.** Have you informed your department head or department chair, and received approval as appropriate, concerning any reported conflicts above?

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- 8.** Is there any additional information that you would like to provide about any potential conflicts you may have?

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**Electronic Signature**

I attest that the information provided by me is true, accurate and complete to the best of my knowledge as of the date of submission.

I agree to amend and resubmit this questionnaire in the future as required to ensure that it remains accurate at all times.

[Signature]

Signature: Mabuchi, Koji, kmabuchi, 1/1/0001