

**CONFLICT OF INTEREST POLICY
NORTH AMERICAN SOCIETY FOR PEDIATRIC AND ADOLESCENT GYNECOLOGY
(NASPAG)**

The Society is dedicated to the advancement of healthcare professionals' education in the field of pediatric and adolescent gynecology. To fulfill the Society's mission it relies on volunteer leadership and staff to avoid actual and potential conflicts of interest as well as situations that may create the appearance of conflicts of interest. This policy is established with the expectations that the leaders and staff of NASPAG will use sound judgment and good faith in identifying actual and potential conflicts of interest with the Society objectives in mind.

Scope. This policy applies to all Board members, members of committees and task forces; authors, course faculty members, consultants and staff members. In fulfilling their duties for NASPAG all these individuals must act in the best interests of the Society and not in furtherance of personal or third-party interests. All leaders have an obligation to ensure that NASPAG maintains a bias-free decision-making process and to avoid all potential conflicts of interest.

A conflict of interest may arise when an individual has an interest or obligation that has the potential to create divided loyalty on the part of the Society, individual(s) or "loyalty" between NASPAG and any other organization or cause.

On an annual basis all individuals above are expected to submit a disclosure form dealing with any material, financial, business or other interests in any company, organization, service, product or other concerns that might affect or be affected by Societal activities. All potential financial conflicts of interests should be reported. In addition, the Society Board member must disclose all such interests held by his or her family members and business associates of which he or she has knowledge. Family members include the Board member's spouse, domestic partner, children, parents and other members of the household.

Substantial gifts, faculty appointments, arrangements with medical, scientific or related publishers to write articles or provide editorial services, pharmaceutical investigation or research support, or a volunteer position with another non-profit are to be disclosed.

If a conflict arises the process for resolving such will include the following:

- Disclosed information shall be filed with the Executive Director and President of the Society. These Society members will share the information with an appointed volunteer leadership group and appropriate Society staff pertinent to the activity in question. Information disclosed under this policy will be held in confidence by those authorized to receive such information and act upon it.
- If there is an actual or potential conflict of interest in a specific Society activity, the individual is required to remove himself or herself from discussions and actions involving that activity, unless for special reasons the person responsible

for the activity in conjunction with the Executive Director and/or President requests information or interpretation from that individual.. If the Society Board member participates in the activity, he or she shall publically disclose the conflict of interest to other participants involved in the specific activity. In addition, the person responsible for an activity in conjunction with a vice president may require that the individual remove himself or herself from the activity because of an actual or potential conflict of interest.

- If an individual is uncertain about whether he or she is prohibited from participating in an activity, or if there are any other questions about whether a conflict of interest exists, the question shall be presented for determination of such by the Executive Director and President. It is important that all individuals subject to the conflict of interest policy understand the importance of full cooperation with this policy of NASPAG.

Adopted by the Board of NASPAG March 2012.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with the opportunity to ask questions about the policy.

Signature: _____ Date: _____

Printed Name: _____