



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Clinical Practice Guideline Initiative

CONFLICT OF INTEREST POLICY

AND

DECLARATION OF INTERESTS

Year

Covered Individual:

Name: _____

Please indicate your role in the initiative:

_____ Advisory Steering Committee (ASC) Member

_____ Guideline Development Panel (GDP) Member

→ *If GDP Member, please name the topic of the panel:* _____

_____ Guideline Update Panel (GUP) Member

→ *If GUP Member, please name the topic of the panel:* _____

_____ Consultant

_____ APA Staff

Instructions:

Please read the APA Conflict of Interest Policy and complete the Declaration of Interests form and sign the statement at the end. (ASC Members: Please also read supplementary instructions.)

Conflict of Interest Policy

It is the aim of the American Psychological Association (“APA”) to transact all its business, including the APA clinical practice guideline initiative, lawfully and impartially. In some situations, the relationship of a Covered Individual (as defined below) with a third party, financial or otherwise, could reasonably be construed to create a conflict between the interests of APA and the interests of the Covered Individual.

Covered Individuals are required to disclose to APA any actual, potential, or perceived conflict of interest (“COI”) with APA or with their role in the clinical practice guideline initiative, including conflicts from the past 12 months and expected conflicts in the upcoming 12 months. A COI may be of a financial, intellectual, or other nature, as defined below. APA requires Covered Individuals to disclose COIs prior to official appointment to a committee/panel or as a consultant, as well as at the time points noted below. The existence of COIs will not necessarily preclude participation in the guideline initiative, although it may require limiting a Covered Individual’s role. APA staff involved in the initiative may also be asked by their supervisors to disclose COIs, following the same policy as for Covered Individuals.

This policy is designed to promote transparency, to protect the integrity of the guideline initiative, and to provide a mechanism to help protect Covered Individuals and APA from legal concerns associated with conflicts of interest.

Covered Individuals: This policy applies to members of the Advisory Steering Committee and the Guideline Development Panels of the APA clinical practice guideline initiative and to consultants who are formally engaged by APA for work on the initiative.

Term: Covered Individuals shall be bound by this conflict-of-interest policy during the official term of their position on the committee/panel or as a consultant.

Definition of COI: A 2011 report from the Institute of Medicine ([IOM] now called the National Academy of Medicine) includes the following definition of COI: “a divergence between an individual’s private interests and his or her professional obligations such that an independent observer might reasonably question whether the individual’s professional actions or decisions are motivated by personal gain, such as financial, academic advancement, clinical revenue streams, or community standing.” (See IOM, 2011, p. 78; the definition is drawn from Schünemann et al., 2009, p. 565).

The IOM report also discusses intellectual COIs relevant to clinical practice guidelines, which it defines as “academic activities that create the potential for an attachment to a specific point of view that could unduly affect an individual’s judgment about a specific recommendation” (IOM, 2011, p. 78; the definition is drawn from Guyatt et al., 2010, p. 739).

COIs can arise in various situations and may involve the individual or a member of the individual’s family (spouse, domestic partner, parent, child, or another close relative). Examples of potential COIs include, but are not limited to, the following:

- Receiving payment for directly providing, or training other professionals to provide, health services related to the topic(s) of the guideline(s) being developed.
- Receiving honoraria for presentations or discussions of scientific or clinical issues related to the topic(s) of the guideline(s) being developed.

- Receiving royalties for books or other materials that address scientific or clinical issues related to the topic(s) of the guideline(s) being developed.
- Receiving funding, in the form of grants or contracts, for research on scientific or clinical issues related to the topic(s) of the guideline(s) being developed.
- Serving in a governance or other volunteer position in an organization that provides health services, promotes research related to health services, or develops or advocates for health service policies, related to the topic(s) of the guideline(s) being developed.
- Having strongly held opinions or other intellectual biases that might compromise objectivity in addressing the topic(s) of the guideline(s) being developed.
- Having a significant ownership interest in or significant capacity to influence decisions of a firm or organization that is an APA competitor, customer, or supplier, or a firm that conducts research or provides health services related to the topic(s) of the guideline(s) being developed.
- Being employed by or performing other work (including consulting) for a competitor, customer, or supplier of APA, regardless of the nature of that work.
- Conduct of APA business of any kind, or arranging for such business, with a firm that one owns or controls.
- Acceptance of any money, property, or anything of value from a person or firm doing or seeking to do business with APA.
- Receipt of direct or indirect economic benefit as a consequence of acquisition, lease, or sale by APA of any property, facilities, materials, or services.

COI Reporting: Covered Individuals must complete a Declaration of Interests form (appended below) disclosing any actual, potential, or perceived COIs prior to appointment to a committee/panel or as a consultant, and thereafter on an annual basis. If, during the year, a change occurs in a Covered Individual's COIs or in their family members' COIs, the Covered Individual must report that information immediately to APA staff who work on the clinical practice guideline initiative, who will share it with the relevant committee/panel Chair or Vice Chair. Covered Individuals are expected to provide any updates regarding their COIs orally at the beginning of all official committee/panel meetings.

In addition, Covered Individuals should disclose any professional papers or presentations on which they are listed as authors, prior to publication or delivery, that pertain to the topic(s) of the guideline(s) with which they are involved. This disclosure should be made to APA staff involved in the initiative.

If a Covered Individual is unsure whether particular information should be reported, or if the information is sensitive or confidential, the Individual may first consult with APA staff involved in the initiative about whether and how to report it. With the individual's permission, the staff may then seek further guidance from the Chair or Vice Chair of the relevant committee/panel.

Disclosure of any actual, potential, or perceived COI is the responsibility of everyone participating in the clinical practice guideline initiative. In general, if any Covered Individual or APA staff member is aware of circumstances that may constitute a COI involving another participant in the initiative, then the individual should first discuss it with that participant. If such a discussion is not appropriate or if the discussion does not produce a satisfactory result, then they should discuss it with APA staff and/or the relevant committee/panel Chair or Vice Chair.

COI Review and Management: Each Covered Individual's completed Declaration of Interests form will be reviewed by APA staff and by the Chair and/or Vice Chair of the relevant committee/panel (or only by APA staff for consultants). The individual's resume or curriculum vitae, as well as publicly available materials about the individual, may also be examined in the course of the review. The primary purpose of the review is to determine whether the individual has any actual, potential, or perceived COIs that would preclude the individual from participation in the clinical practice guideline development initiative or require resignation from any role that they already have in the initiative.

Having one or more COIs does not necessarily mean that a Covered Individual cannot be involved in the initiative. If the reviewers determine that an individual's COIs do not preclude participation, then the reviewers will identify what actions, if any, may be needed to resolve or manage the impact of the COIs on the integrity (both actual and perceived) of the initiative. Examples of such actions may include limitations on the individual's participation in discussions, deliberations, or voting on specific matters and not being counted in determining a quorum for all or portions of a particular committee/panel meeting. Such actions would not prevent the individual from briefly stating their position or answering questions on relevant matters. Possible actions for managing the impact of COIs will be discussed with the Covered Individual, but final decisions on which actions are taken are made by APA staff in consultation with the relevant committee/panel Chair and/or Vice Chair. In some cases, the APA General Counsel may participate in making such decisions. Also, in some cases in which the Covered Individual is a member of a Guideline Development or Update Panel or a consultant, the Chair and/or Vice Chair of the Advisory Steering Committee may participate in making such decisions.

If any new COIs are reported or discovered during the period after a Declaration of Interests form has been submitted, APA staff and the relevant committee/panel Chair and/or Vice Chair will determine whether any further actions are required for managing their impact on the initiative.

For Covered Individuals who are members of a committee/panel, information about all actual, potential, and perceived COIs are shared with all other members of the committee/panel. Information about all actions taken to resolve or manage the impact of COIs are also shared with all members of the committee/panel.

Record of COIs: APA retains a copy of all completed Declaration of Interests forms and related documents. Both summary and individual information about Covered Individuals' COIs and of actions taken to manage their impacts may be made available for public view; this information potentially includes completed Declaration of Interests forms.¹ Information about COIs and actions taken may also appear in meeting minutes and summaries, which will also be available for public view.

¹ Note, no information will be publicly released about people who are nominated or considered for positions on a committee/panel or as consultants but not selected.

References

- Guyatt, G., Akl, E. A., Hirsh, J., Kearon, C., Crowther, M., Gutterman, D., Lewis, S. Z., Nathanson, I., Jaeschke, R., & Schünemann, H. (2010). The vexing problem of guidelines and conflict of interest: A potential solution. *Annals of Internal Medicine*, 152(11), 738–741. <https://doi.org/10.7326/0003-4819-152-11-201006010-00254>
- Institute of Medicine. (2011). *Clinical practice guidelines we can trust*. National Academies Press. http://www.nap.edu/catalog.php?record_id=13058
- Schünemann, H. J., Osborne, M., Moss, J., Manthous, C., Wagner, G., Sicilian, L., Ohar, J., McDermott, S., Lucas, L., & Jaeschke, R. (2009). An official American Thoracic Society policy statement: Managing conflict of interest in professional societies. *American Journal of Respiratory Critical Care Medicine*, 180(6), 564–580. <https://doi.org/10.1164/rccm.200901-0126ST>

Declaration of Interests

The purpose of this Declaration is to identify your actual, potential, and perceived conflicts of interest with APA and with your role in the APA clinical practice guideline initiative. Having conflicts of interest does not necessarily preclude participation in the initiative. Decisions about how conflicts should be managed will be made by APA staff in consultation with the Chair or Vice Chair of any committee or panel of which you are a member.

Please answer the following questions by marking either 'Yes' or 'No' and then explaining any 'Yes' answers in the space immediately following or by attaching supplementary materials. When responding, please think about the full range of research, teaching, practice, writing, service work, and professional relationships in which you and your family members are involved. (You may consult with APA staff in advance if you have any questions or concerns about what information to provide on this form.)

The questions are organized into four sections:

- I. Intellectual Interests**
- II. Financial and Professional Interests**
- III. Interests Related to APA**
- IV. Other Relevant Interests**

For the purposes of this Declaration, a family member is a spouse, domestic partner, parent, child, or other relative with whom you have a comparably close tie.

Please attach a CV, resume, or other materials if these are needed to provide complete answers.

(Questions begin on next page.)

OVERVIEW**I. Intellectual Interests**

1. Scientific/educational/professional communications
2. Communications with general audiences
3. Expert witness
4. Treatment and/or research approach
5. Topic proposals

II. Financial and Professional Interests

1. Payment for services or training
2. Honoraria
3. Royalties
4. Endorsements
5. Research funding
6. Employer
7. Roles in organizations
8. Influence/ownership/stock in health-related firms

III. Interests related to APA

1. APA roles
2. Influence/ownership/stock in firms of interest to APA
3. Paid work with other firms that do business with APA
4. Business ties to APA
5. Ties to others seeking business with APA
6. Other economic benefits related to APA business

IV. Other relevant interests

1. Other professional activities
2. Legal proceedings
3. Misconduct
4. Additional activities
5. Relationships

I. INTELLECTUAL INTERESTS

(The questions in this section concern only you, not family members.)

1. Scientific/educational/professional communications

a.	<p>Over the past 12 months, have you had any scientific, educational, or professional publications (<i>including in-press</i>) or made any scientific, educational, or professional presentations related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing? Has your name been included on a relevant speakers' bureau list? <i>Please include both paid and non-paid work.</i></p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:*</i></p>
b.	<p>Do you expect that, over the next 12 months, you will have any such publications or presentations or that your name will be included on a speakers' bureau list?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:*</i></p>

** If 'Yes' to any of these questions, please provide a list of the relevant publications, presentations, courses, and speakers' bureaus. You may attach a copy of your CV or resume at the end of this form but please make sure to add any items that do not yet appear on those documents.*

2. Communications with general audiences

a.	<p>Over the past 12 months, have you made presentations to a general (non-academic, non-scientific) audience that address research, clinical, or policy issues related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing? Have you been involved in organizing any events that include such presentations?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:*</i></p>
b.	<p>Over the past 12 months, have you published articles or books for a general audience or produced materials for television, radio, or the Internet (e.g., blogs, online petitions, Facebook, LinkedIn, TED Talks, Twitter, YouTube) that address these issues? <i>Please include both paid and non-paid work. You need not include formal research publications for academic or scientific audience.</i></p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:*</i></p>
c.	<p>Do you expect that, over the next 12 months, you will be involved in any such activities?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:*</i></p>

** If 'Yes' to any of these questions, please provide a list of the relevant publications, presentations, courses, and speakers' bureaus. You may attach a copy of your CV or resume at the end of this form but please make sure to add any items that do not yet appear on those documents.*

3. Expert witness

a.	Over the past 12 months, have you served as an expert witness in a court case or other legal proceeding on a matter related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months, you will serve as an expert witness in a legal proceeding?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

4. Treatment and/or research approach

Do you identify yourself as having a particular approach or orientation to treatment and/or research (theoretical, methodological, societal, etc.)? Do you believe others perceive you as having a particular approach or orientation?

☐ No ☐ Yes

If 'Yes,' please explain:

5. Topic proposals

Have you previously proposed to APA or another organization that it develop (a) a clinical practice guideline on a particular topic or (b) a systematic review of research on a particular topic that could serve as a foundation for subsequent guideline development?

_____ No _____ Yes

If 'Yes,' please describe the topic, the organization, and the form by which you proposed it:

II. FINANCIAL AND PROFESSIONAL INTERESTS

(The questions in this section concern both you and family members. For the purposes of this Declaration, a family member is a spouse, domestic partner, parent, child, or other relative with whom you have a comparably close tie.)

1. Payment for services or training

a.	Over the past 12 months, have you or a family member received payment for directly providing, or training other individuals to provide , health services related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing (<i>Health services include professional, community-based, and peer support services</i>)?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months , you or a family member will receive payment for such activity?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

2. Honoraria

a.	Over the past 12 months, have you or a family member received any honoraria for presentations or discussions of scientific or clinical issues related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing (<i>Please include honoraria that were donated to charity</i>)?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
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b.	Do you expect that, over the next 12 months , you or a family member will receive any such honoraria?	☐ No ☐ Yes	If 'Yes,' please explain:
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3. Royalties

a.	Over the past 12 months , have you or a family member received royalties or advance payments for books, films, or other materials that address scientific or clinical issues related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing <i>(Please include royalties that were donated to charity)?</i>	☐ No ☐ Yes	If 'Yes,' please explain:
b.	Do you expect that, over the next 12 months , you or a family member will receive any such royalties or advance payments?	☐ No ☐ Yes	If 'Yes,' please explain:

4. Endorsements

a.	Over the past 12 months, have you or a family member received monetary or other material compensation for endorsing a product or service related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing (<i>Please include compensation that was donated to charity</i>)?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months , you or a family member will receive such compensation for an endorsement?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

5. Research funding

a.	Over the past 12 months, have you or a family member received funding, in the form of grants, fellowships, or contracts, for research or research training on scientific or clinical issues related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months , you or a family member will receive any such funding?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

6. Employer

a.	Over the past 12 months, have you or a family member held a job with an employer that has economic, policy, or other interests in healthcare guidelines in general or in the particular topic(s) of the guideline(s) that you will be involved in developing or overseeing (<i>Please consider both full- and part-time positions and both permanent and temporary positions</i>)?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months, you or a family member will hold a job with an employer that has such interests?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

7. Roles in organizations

a.	Over the past 12 months, have you or a family member served in a governance, advisory, or other position in an organization (other than APA) that provides health services, promotes research related to health services, or develops or advocates for health service policies, related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
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b.	Do you expect that, over the next 12 months , you or a family member will serve in such a position?	☐ No ☐ Yes	If 'Yes,' please explain:
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8. Influence/ownership/stock in health-related firms

a.	Over the past 12 months , have you or a family member had significant capacity to influence decisions of a firm or organization that conducts research or provides health services related to the topic(s) of the guideline(s) being developed (<i>Health services include professional, community-based, and peer support services</i>)?	☐ No ☐ Yes	If 'Yes,' please explain:
b.	Over the past 12 months , have you and/or any family member(s) held an ownership interest greater than 5% in such a firm? Have you and/or any family member(s) owned stock in such a firm that exceeded \$10,000 in value at any time during the past 12 months (<i>Please consider the total amounts held by you and family members, e.g., whether the stock that your spouse and your parent own adds up to more than \$10,000 in value</i>)?	☐ No ☐ Yes	If 'Yes,' please explain:

c.	Do you or any family member hold stock options of any value in such a firm?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
d.	Do you expect that, over the next 12 months , you or a family member will have such capacity to influence a firm or have such ownership or stock interests?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

III. INTERESTS RELATED TO APA

(The questions in this section concern both you and family members. For the purposes of this Declaration, a family member is a spouse, domestic partner, parent, child, or other relative with whom you have a comparably close tie.)

1. APA roles

a.	Over the past 12 months, have you or a family member been a member of any APA governance group, task force, or advisory body <i>(Please include roles in APA divisions)?</i>	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months , you or a family member will serve as a member of such an APA group?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

2. Influence/ownership/stock in firms of interest to APA

a.	Over the past 12 months, have you or a family member had a significant capacity to influence decision of a firm or organization that is an APA competitor, customer, or supplier ?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
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b.	<p>Over the past 12 months, have you and/or any family member(s) held an ownership interest greater than 5% in such a firm? Have you and/or any family member(s) owned stock in such a firm that exceeded \$10,000 in value at any time during the past 12 months (<i>Please consider the total amounts held by you and family members, e.g., whether the stock that your spouse and your parent own adds up to more than \$10,000 in value</i>)?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>
c.	<p>Do you or any family member(s) hold stock options of any value in such a firm?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>
d.	<p>Do you expect that, over the next 12 months, you or a family member will have such capacity to influence a firm or have such ownership or stock interests?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>

3. Paid work with other firms that do business with APA

a.	Over the past 12 months, have you or a family member been employed by or performed other work (<i>including consulting</i>) for a competitor, customer, or supplier of APA, regardless of the nature of that work?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months, you or a family member will be engaged in such employment or work?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

4. Business ties to APA

a.	Over the past 12 months, have you or a family member conducted APA business of any kind, or arranged for such business, with a firm that is owned or controlled by you or a family member?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months, you or a family member will conduct or arrange for such business?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

5. Ties to others seeking business with APA

a.	Over the past 12 months, have you or a family member accepted any money, property, or anything of value from a person or firm doing or seeking to do business with APA?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Do you expect that, over the next 12 months , you or a family member will accept any money, property, or anything of value from a person or firm doing or seeking to do business with APA?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

6. Other economic benefits related to APA business

a.	Over the past 12 months, have you or a family member received any direct or indirect economic benefit as a consequence of acquisition, lease, or sale by APA of any property, materials, or services?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>
b.	Over the past 12 months, have you or a family member received any other direct or indirect economic benefit related to APA business that are not covered in the previous questions?	☐ No ☐ Yes	<i>If 'Yes,' please explain:</i>

<p>c.</p>	<p>Do you expect that, over the next 12 months, you or a family member will receive any such economic benefit?</p>	<p>___ No ___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>
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IV. OTHER RELEVANT INTERESTS

(The questions in this section concern both you and family members. For the purposes of this Declaration, a family member is a spouse, domestic partner, parent, child, or other relative with whom you have a comparably close tie.)

1. Other professional activities

a.	<p>Over the past 12 months, have you or a family member engaged in any other scientific, academic, clinical, business, or policy activities, either paid or unpaid, related to the topic(s) of the guideline(s) that you will be involved in developing or overseeing <i>(This question is asking about activities not already addressed in answers to the previous questions)?</i></p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>
b.	<p>Do you expect that, over the next 12 months, you or a family member will engage in other such activities?</p>	<p>___ No</p> <p>___ Yes</p>	<p><i>If 'Yes,' please explain:</i></p>

2. Legal proceedings

At any point over the last 12 months, have you or a family member been under prosecution for a crime? Have you or family member been involved in any civil legal proceedings as either defendant or plaintiff *(Please include all such legal proceedings, including those not related to the topic(s) of the guideline(s) you will be involved in developing or overseeing)?*

_____ No _____ Yes

If 'Yes' to either question, please explain:

3. Misconduct

At any point over the last 12 months, have you or a family member been under formal charges of misconduct by any organization? This may be any type of misconduct (ethical, academic, professional, research, financial, etc., including harassment and discrimination). What is the current status of any such charges or related investigation? If charges have been resolved, what was the outcome? *(Please include all such charges, including those not related to the topic(s) of the guideline(s) you will be involved in developing or overseeing.)*

_____ No _____ Yes

If 'Yes,' please explain:

4. Additional activities

Is there any other information regarding your or your family members' activities, including interactions with organizations and individuals, that you believe is relevant to the guideline(s) that you will be involved in developing or overseeing or to your working with APA (*Please focus on activities that may constitute actual, potential, or perceived conflicts of interest, and include activities that occurred more than 12 months ago or are expected to occur more than 12 months from now*)?

☐ No ☐ Yes

If 'Yes,' please explain:

5. Relationships

Do you have any concerns that your work on guideline development or with APA could have a significant negative impact on any **professional or personal relationships** you have with mentors, students, trainees, colleagues, supervisors, funders, friends, or relatives (*For this question, please consider all relatives in addition to spouse, domestic partner, parents, and children*)?

☐ No ☐ Yes

If 'Yes,' please explain:

Finally, please read, complete, and sign the following statement:

I, _____, have read and understood the requirements of **APA's Conflict of Interest Policy** above and I agree to abide by the Policy throughout the official term of my position in the APA clinical practice guideline initiative.

I have also fully and truthfully answered the questions in the **Declaration of Interests** above about all actual, potential, and perceived conflicts of interest.

If any new actual, potential, or perceived conflicts of interest arise, I agree to disclose them as soon as possible, but within no more than 30 days, to APA staff and to the Chair or Vice Chair of any committee or panel of which I am a member.

DocuSign® Signature

Date

Please attach your current CV, resume, or other materials, as needed, before submitting the DocuSign® form by clicking on the paper clip icon.

Please also sign the separate Intellectual Property Statement.

For any questions, please contact the APA Clinical Practice Guidelines Team at cpq@apa.org.

*****For APA Staff Use Only*****