



# Potential Conflict-of-Interest Form

Membership # 305427, Year 2008

**Mark A. Warner, M.D.**

Mayo Clinic College of Medicine  
Department of Anesthesiology  
200 First Street, SW  
Rochester, MN 55905-0001

President's Council on Executive Office Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

Director, American Board of Anesthesiology Director, FAER Director, APSF Member, Mayo Clinic Board of Governors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Mayo Clinic

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 3:28:36 PM )*



# Potential Conflict-of-Interest Form

Membership # 324716, Year 2008

**Michael C. Gosney, M.D.**  
108 Chase Dr.  
Muscle Shoals, AL 35661  
US

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Governmental Affairs

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Ownership is an ambulatory surgery center not to exceed 1% in Florence Alabama

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Southern Medical Association, Councillor Medical Association of the State of Alabama, Delegate, 1 year

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

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No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 12:38:07 PM )*



# Potential Conflict-of-Interest Form

Membership # 242269, Year 2008

**Rodney C. Osborn, M.D.**

Associated Anesthesiologists, S.C.

1 Osborn Trl

Metamora, IL 61548-7546

US

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Stockholder - Associated Anesthesiologists, S.C. of Peoria, Illinois

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President - Illinois State Medical Society

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Assistant Professor of Surgery (Anesthesiology) University of Illinois College of Medicine at Peoria, Illinois

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

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*( signed on:12/4/2007 6:46:50 AM )*



# Potential Conflict-of-Interest Form

Membership # 174883, Year 2008

**Karl E. Becker, Jr., M.D.**

KUMC - Anes. Dept.

11708 High Dr.

Leawood, KS 66211-2226

US

Committee on Practice Management

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

## Disclosure of Affiliations

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Center for Same Day Surgery, Wichita, KS--Outpatient Surgery Center Surgicare of Wichita, Wichita, KS--Outpatient Surgery Center Practice Fusion, San Francisco--Web-Based Electronic Medical Record Company Small ownership interests in all three.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director--Kansas Medical Society Network--Physician Network Advisory Committee--Practice Fusion, Web-Based Electronic Medical Record Company

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Principal--The Carruthers Group--New business formation, not health care related Director and Treasurer, Pagosa Pines Condominium Owners Association, Pagosa Springs, Colorado

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Adjunct Professor, Department of Anesthesiology, University of Kansas School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

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*( signed on:12/27/2007 4:54:38 PM )*



# Potential Conflict-of-Interest Form

Membership # 383566, Year 2008

**David L. Dull, M.D.**  
2109 Hunters Run N.E.  
Ada, MI 49301

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

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No

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Yes

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Spectrum Health Hospital Board of Directors,

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

International Aid

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Associate Professor, Michigan State University College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

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*( signed on:12/27/2007 5:02:41 PM )*



# Potential Conflict-of-Interest Form

Membership # 309698, Year 2008

**Christopher G. Millson, M.D.**

Desert Anesthesiologists  
2400 Wimbledon Dr  
Las Vegas, NV 89107-2364

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/31/2007 6:23:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 202581, Year 2008

**William P. Arnold, III, M.D.**  
 University of Virginia  
 106 Whetsstone Place  
 Charlottesville, VA 22901-2118

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Virginia: Associate Professor, Department of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/29/2007 10:11:29 AM )*



# Potential Conflict-of-Interest Form

Membership # 166397, Year 2008

**Ashok K. Krishnaney, M.D.**  
12078 N. Lake Shore Dr., #5-W  
Mequon, WI 53092-3306

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

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No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

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No

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/13/2008 8:10:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 235387, Year 2008

**Jerry M. Calkins, M.D., Ph.D.**

11300 Little Ridge Court  
Cheyenne, WY 82009

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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a position as proprietor, director, managing partner or key employee.

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If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Wyoming Health Information Organization [WyHIO] Chairman of the BOD This organization is a non-profit RHIO for HIT/HIE in WY.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

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No

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on: 1/25/2009 10:53:34 AM )*



# Potential Conflict-of-Interest Form

Membership # 851368, Year 2008

**Christopher R. Cook, D.O.**  
755 N 11th St, Ste P-3600  
Beaumont, TX 77702-1500

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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No

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No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Father Private Practice Pulmonologist: Pulmonary Inc., Oklahoma City

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA-PAC

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 2:27:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 522979, Year 2008

**Paul D. Mongan, M.D.**

Univ. of CO Hosp./Dept. of Anesthesia  
11529 E Dorado Ave  
Englewood, CO 80111-4143

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Uniformed Services and Veterans' Affairs

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor Uniformed Services University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/29/2007 11:50:17 AM)*

ASA Board of Directors  
Conflict of Interest Disclosures 2009

**ATTENDANCE RECORD  
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.  
BOARD OF DIRECTORS**

March 8, 2009

QUORUM 34 TOTAL SEATED 61 VOTING MEMBERS

Ambrose  
Chair, Committee on Credentials

<b>(Voting Members)</b>		
President	✓	Moore, Roger A. M.D.
President-Elect	✓	Hannenberg, Alexander A. M.D.
Immediate Past President	✓	Apfelbaum, Jeffrey L. M.D.
First Vice-President	✓	Warner, Mark A. M.D.
Vice President for Scientific Affairs	✓	Otto, Charles W. M.D.
Vice President for Professional Affairs	✓	Johnstone, Robert E., M.D.
Secretary	✓	Unruh, Gregory K. M.D.
Treasurer	✓	Zerwas, John M. M.D.
Assistant Secretary	✓	Boudreaux, Arthur M. M.D.
Assistant Treasurer	✓	Grant, James D. M.D.
<b>(Nonvoting Members)</b>		
Speaker, House of Delegates	✓	Abenstein, John P. M.D.
Vice-Speaker, House of Delegates	✓	Sween, Steven L. M.D.
Chair – Section on Annual Meeting	✓	Philip, Beverly K. M.D.
Chair – Section on Clinical Care	✓	Martin, Donald E. M.D.
Chair – Section on Education & Research	✓	Maccioli, Gerald M.D.
Chair – Section on Journals	✓	Eisenach, James C. M.D.
Chair – Section on Professional Practice	✓	Cohen, Norman A. M.D.
Chair – Section on Professional Standards	✓	Cohen, Jerry A. M.D.
Chair – Section on Society Subspecialties	✓	Berry, Arnold J. M.D.
Chair – Delegation to AMA	✓	Arens, James F. M.D.

COMPONENT SOCIETY		DIRECTOR		ALTERNATE DIRECTOR
ALABAMA	✓	Plagenhoef, Jeffrey S. M.D.		Gosney, Michael C. M.D.
ALASKA	✓	Beerle, Brion J. M.D.		Pease, Robert J. M.D.
ARIZONA	✓	Cole, Daniel J. M.D.		Mueller, Jeff T. M.D.
ARKANSAS		Vollers, James M. M.D.	✓	Walker, Brent L. M.D.
CALIFORNIA	✓	Mason, Linda J. M.D.		Singleton, Mark A. M.D.
COLORADO	✓	Clark, Randall M. M.D.		Slucky, Alexey V. M.D.
CONNECTICUT	✓	Ehrenwerth, Jan M.D.	✓	Gross, Jeffrey B. M.D.
DELAWARE	✓	Kittle, Chris A. M.D.		(Vacant)
DISTRICT OF COLUMBIA		Dombrowski, John F. M.D.	✓	Hannallah, Raafat S. M.D.
FLORIDA	✓	Cohen, Jerry A. M.D.		Vila, Jr., Hector M.D.
GEORGIA	✓	Duke, Peggy G. M.D.	✓	Berry, Arnold J. M.D.
HAWAII		Montgomery, William H. M.D.		Lin, Della M. M.D.
IDAHO	✓	Wood, Matthew J. M.D.		Schmid, Phillip G. M.D.
ILLINOIS	✓	Tuman, Kenneth J. M.D.	✓	Szokol, Joseph W. M.D.
INDIANA	✓	Costello, Gerard T. M.D.	✓	Brandt, Robert W. M.D.
IOWA	✓	Moyers, John R. M.D.		Becker, James L. M.D.
KANSAS	✓	Kindscher, James D. M.D.		Tarver, Stephen D. M.D.
KENTUCKY	✓	Lucas, Linda F. M.D.	✓	Sullivan, Raymond J. M.D.
LOUISIANA	✓	Thomas, Mack A. M.D.		Fontenot, H. Jerrel M.D., Ph.D.
MAINE	✓	Cary, Christopher W. M.D.	✓	Palman, Gary E. D.O.
MARYLAND	✓	Kalish, Murray A. M.D.		Walman, A. Terry M.D.
MASSACHUSETTS	✓	Entrup, Michael H. M.D.	✓	Harvey, Alan M. M.D.
MICHIGAN	✓	Elmassian, Kenneth D.O.		Pappas, John L. M.D.
MINNESOTA	✓	McGlinch, Brian P. M.D.		Prielipp, Richard C. M.D.
MISSISSIPPI	✓	Brunson, Claude D. M.D.		Pickard, Paul W. M.D.
MISSOURI	✓	Arnold, Donald E. M.D.		Saak, Thomas E. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
MONTANA	✓ Schweitzer, Mike P. M.D.	(Vacant)
NEBRASKA	✓ Ellis, Sheila J. M.D.	Peters, K. Reed M.D.
NEVADA	✓ Zucker, Jonathan R. M.B.	✓ Winthrop, Brett E. M.D.
NEW HAMPSHIRE	Hattamer, Steven J. M.D.	✓ Hunt, Sean E. M.D.
NEW JERSEY	✓ Mirsky, Kenneth I. M.D.	Shander, Aryeh M.D.
NEW MEXICO	Wills, John H. M.D.	✓ Burstrom, Ruth E. M.D.
NEW YORK	✓ Freese, Kenneth J. M.D.	Groudine, Scott B. M.D.
NORTH CAROLINA	✓ Maccioli, Gerald A. M.D.	Moretz, Frank H. M.D.
NORTH DAKOTA	✓ Chatelain, John C. M.D.	Chalasan, N.V. M.B., B.S.
OHIO	✓ Davidson, Patricia J. M.D.	✓ Harter, Ronald L. M.D.
OKLAHOMA	✓ Fitch, Jane C.K. M.D.	Roy, Lawrence J. M.D.
OREGON	✓ Cohen, Norman A. M.D.	Anderson, Charles K. M.D.
PENNSYLVANIA	✓ Martin, Donald E. M.D.	✓ Sullivan, Erin A. M.D.
PUERTO RICO	Melendez-Dedos, Andres M.D.	(Vacant)
RHODE ISLAND	✓ Browning, Richard A. M.D.	Cahill, Deborah M.D.
SOUTH CAROLINA	✓ Yeakel, Christopher A. M.D.	Morgan, Jr., Robert R. M.D.
SOUTH DAKOTA	Allen, Jr., Robert G. M.D.	Lunni, Robert J. M.D.
TENNESSEE	✓ West, James M. M.D.	✓ Worthington, W. Bradley M.D.
TEXAS	✓ Peterson, Mary Dale M.D.	✓ Kercheville, Scott E. M.D.
UTAH	✓ Clayton, Paul N. M.D.	Peterson, W. C. M.D.
VERMONT	✓ Mumford, Joel H. M.D.	Perkins, Frederick M. M.D.
VIRGINIA	Long, Stephen P. M.D.	Work, Granville B. M.D.
WASHINGTON	✓ Dunbar, Peter J. M.D.	Flanery, Mark F. M.D.
WEST VIRGINIA	✓ Skaff, Paul A. M.D.	Graf, David F. M.D.
WISCONSIN	✓ Kettler, Robert E. M.D.	Mesrobian, James R. M.D.
WYOMING	Witzeling, Todd M. M.D.	✓ Schmidt, Catherine C. M.D.

COMPONENT SOCIETY		DIRECTOR		ALTERNATE DIRECTOR
RESIDENT	✓	Stein, Erica J. M.D.	✓	Khan, Farooq A. M.D.
ACADEMIC	✓	Barker, Steven J. Ph.D., M.D.		Tremper, Kevin K. M.D., Ph.D.
UNIFORMED SERVICES		Via, Darin K. M.D.		Kucik, Corry, J. M.D.
MEDICAL STUDENT	✓	Oleyar, Michael J.	✓	Phillips, James E.



# Potential Conflict-of-Interest Form

Membership # 305471, Year 2009

**Alexander A. Hannenberg, M.D.**

Newton-Wellesley Hospital  
Anesthesia Department  
2014 Washington Street  
Newton, MA 02462

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 7/9/2009 7:22:38 PM

President's Council on Executive Office Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

FAER APSF Physicians Accts Receivable Mgmt - local anesthesia billing firm founded by our practice.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor of Anesthesiology, Tufts University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Massachusetts Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/9/2009 7:22:38 PM )*



# Potential Conflict-of-Interest Form

Membership # 248550, Year 2009

**Roger A. Moore, M.D.**

Deborah Heart & Lung Center  
Deborah Heart & Lung Center  
435 E Camden Ave  
Moorestown, NJ 08057-2237

President's Council on Executive Office Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/13/2008 8:01:18 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Wife is President of the Medical Faculty Senate at Univ. of Penn

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

UMDNJ - Clinical Assoc. Prof

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/13/2008 8:00:58 PM)*



# Potential Conflict-of-Interest Form

Membership # 204204, Year 2009

**Jerry A. Cohen, M.D.**

Univ. of Florida College of Medicine  
Box 100254  
Gainesville, FL 32610-0254

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/29/2009 7:51:52 PM

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Florida, College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

(ASA, FSA)

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

Yes

If "Yes", Please describe each relationship, activity or interest:

I am an expert witness defending an anesthesiologist related to issues of informed consent. I have discussed this with ASA counsel and we believe this not to represent a problem, except that, while the suit is active i may need to recuse myself from any judicial proceedings related to it.

#### **Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/29/2009 7:51:51 PM )*



# Potential Conflict-of-Interest Form

Membership # 224370, Year 2009

**Arnold J. Berry, M.D.**  
Emory University  
30 Battle Ridge Dr NE  
Atlanta, GA 30342-2451

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/12/2009 8:40:54 PM

Committee on Professional Education Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, Accreditation Council on Continuing Medical Education ( 3 yr term) Director, FAER and serve on FAER's Executive Committee

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Emory University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/12/2009 8:40:54 PM )*



# Potential Conflict-of-Interest Form

Membership # 178942, Year 2009

**Robert E. Johnstone, M.D.**

West Virginia University Hospital  
West Virginia University  
369 Lakeview Dr  
Morgantown, WV 26508-8080  
Committee on Distinguished Service Award

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/10/2008 7:54:12 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I'm an employee of West Virginia University and West Virginia University Medical Corporation, and past member of the board of directors. Both corporations provide anesthesia services.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I'm an employee of West Virginia University and West Virginia University Medical Corporation, and past member of the board of directors. Both corporations provide anesthesia services. I'm the Secretary-Treasurer of the West Virginia State Society of Anesthesiologists, and serve without compensation.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I'm Professor of Anesthesiology at West Virginia University.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

As ASA Vice President Professional Affairs I'm involved with ASA advocacy.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/3/2008 7:10:24 AM )*



# Potential Conflict-of-Interest Form

Membership # 369543, Year 2009

**Arthur M. Boudreaux, M.D.**

University of Alabama at Birmingham Anes. Dept.  
4493 Preserve Dr  
Hoover, AL 35226-4141

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/2/2009 10:40:38 AM

Committee on Membership

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way,

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

ASA, Assistant Sec. , Anticipate Secretary 2009-2010

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor, Vice Chair Department of Anesthesiology UAB School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA - advocacy for organization

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/2/2009 10:40:38 AM )*



# Potential Conflict-of-Interest Form

Membership # 235048, Year 2009

**Linda J. Mason, M.D.**

Loma Linda University  
Loma Linda University Medical Center  
1665 Halsey St  
Redlands, CA 92373-7262

Subcommittee on Pediatric Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/18/2009 12:24:26 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

California Society of Anesthesiologists, ASA Director from California

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Loma Linda University, Professor of Anesthesiology and Pediatrics

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/18/2009 12:24:26 PM )*



# Potential Conflict-of-Interest Form

Membership # 515951, Year 2009

**James D. Grant, M.D.**

William Beaumont Hospital  
1574 Sodon Lake Dr.  
Bloomfield Hills, MI 48302

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/13/2009 5:37:53 PM

Executive Committee of the Annual Meeting Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

Shareholder, South Oakland Anesthesia Associates Shareholder, LMT Rehabilitation Associations (private practice physical medicine and rehabilitation)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors, Michigan State Medical Society Board of Directors, Beaumont Physicians Organization Board of Trustees, Beaumont Hospitals

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Associate Professor, Department of Anesthesiology, Oakland University William Beaumont School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Michigan State Medical Society American Medical Association American Society of Anesthesiologists Michigan Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/13/2009 5:37:53 PM )*



# Potential Conflict-of-Interest Form

Membership # 324181, Year 2009

**John P. Abenstein, M.D.**  
 Mayo Clinic Anes. Dept.  
 10978 Eleventh Ave., N.W.  
 Oronoco, MN 55960-2110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/11/2009 7:13:23 AM

Committee on Bylaws

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am either a member or chair of a number of administrative committee's at Mayo Clinic. These are primarily focused on technology. I am a delegate of the House of Delegates of the Minnesota Medical Association and an alterative delegate from MN of the American Medical Association. Secondary to my AMA role, I am a nonvoting member of the MMA's Board of Trustee's. I am a member of Masimo's Scientific Advisory Board I am a member of the Medical Policy Committee of the MN Blue Cross, Blue Shield Insurance Company I am a member of the Medical Education and Research Cost Committee of the State of Minnesota I am on the Scientific Advisory Board for Masimo, Inc

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, Mayo Clinic College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

I am active in the MN Republican Party

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/11/2009 7:13:23 AM )*



# Potential Conflict-of-Interest Form

Membership # 368620, Year 2009

**Steven L. Sween, M.D.**  
240 Marchand Ct., N.W.  
Atlanta, GA30328

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/15/2009 1:30:29 PM

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Shareholder and Board Member, Physician Specialists in Anesthesia, PC, Atlanta, GA Shareholder and Board Member, Physician Pain Specialists, Atlanta, GA Shareholder and Board Member, Pain Specialty Center of Atlanta, Atlanta, GA (Anesthesiology group-owned pain clinic and ASC) Full-time employee, the private practice of anesthesiology, pain medicine and critical care medicine. Board of Directors positions are elected/re-elected annually.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Shareholder and Board Member, Physician Specialists in Anesthesia, PC, Atlanta, GA Shareholder and Board Member, Physician Pain Specialists, Atlanta, GA Shareholder and Board Member, Pain Specialty Center of Atlanta, Atlanta, GA (Anesthesiology group-owned pain clinic and ASC) Full-time employee, the private practice of anesthesiology, pain medicine and critical care medicine. Board of Directors positions are elected/re-elected annually.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Member, GAMPAC Board of Directors (Political Action Committee of the Medical Association of Georgia)  
Uncompensated volunteer participation.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/15/2009 1:30:29 PM )*



# Potential Conflict-of-Interest Form

Membership # 341726, Year 2009

**James C. Eisenach, M.D.**

Wake Forest University  
Anesthesia Department  
622 Arbor Road  
Winston Salem, NC 27157-0001  
Committee on Professional Education Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/16/2009 10:38:58 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Consultant - Vertex Pharmaceuticals Consultant - Medtronic

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology Wake Forest University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/16/2009 10:38:57 AM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2009

**Jeffrey B. Gross, M.D.**

University of Connecticut  
19 Madison Ln  
West Simsbury, CT 06092-2615

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/14/2009 12:03:22 PM

Subcommittee on Respiration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Section Editor, Anesthesia and Analgesia (International Anesthesia Research Society)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Continuing Professional Education, Inc. Jenkintown, PA. This private corporation provides continuing education to individuals in the accounting and financial fields.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chairman Department of Anesthesiology University of Connecticut School of Medicine Farmington, CT

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2009 12:03:21 PM )*



# Potential Conflict-of-Interest Form

Membership # 249654, Year 2009

**Donald E. Martin, M.D.**

Penn State Univ. College of Medicine  
19 Gentry Drive  
Palmyra, PA 17078

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/1/2009 8:02:17 PM

Committee on Standards and Practice Parameters

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Secretary Treasurer and Board member of the Pennsylvania Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Associate Dean for Administration, Penn State University College of Medicine - term - tenured faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

advocacy on behalf of the specialty of anesthesiology for the Pennsylvania Society of Anesthesiologists potential lobbying for medical practice in Pennsylvania on behalf of the Pennsylvania Medical Society or Penn State university

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/1/2009 8:02:17 PM )*



# Potential Conflict-of-Interest Form

Membership # 325865, Year 2009

**Kenneth J. Tuman, M.D.**  
Rush University Medical Center  
1325 Hackberry Ln  
Winnetka, IL 60093-1607

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/26/2009 2:12:05 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

University Anesthesiologists SC Medical Practice (anesthesia services)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President, University Anesthesiologists SC Medical Practice (anesthesia services) 2006- present  
Director, American Board of Anesthesiology 1997- present

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor, Rush Medical College

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/26/2009 2:12:05 PM )*



# Potential Conflict-of-Interest Form

Membership # 402059, Year 2009

**Norman A. Cohen, M.D.**

Oregon Health & Science Univ. Anes. Dept.  
0841 SW Gaines St # 504  
Portland, OR 97239-2976

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/8/2009 7:25:31 PM

Committee on Representation to AMA

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President-elect Oregon Society of Anesthesiologists Director American Society of Anesthesiologists ASA Representative AMA-RVS Update Committee (RUC)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor - Oregon Health and Science of University - renewed June 2008 for July 2008-June 2009 academic year

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA and Oregon Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/8/2009 7:25:30 PM )*



# Potential Conflict-of-Interest Form

Membership # 394631, Year 2009

**Gerald Maccioli, M.D.**

American Anesthesiology of NC  
PO Box 18623  
Raleigh, NC 27619-8623

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/14/2009 12:42:19 PM

President's Council on Executive Office Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President of the American Society of Critical Care Anesthesiologists [a subspecialty society of the ASA]. Employee, American Anesthesiology of North Carolina

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical appointment at Duke University in the Department of Anesthesiology. [Honorary, non-paid position]

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2009 12:42:19 PM )*



# Potential Conflict-of-Interest Form

Membership # 552222, Year 2009

**Hector Vila, Jr., M.D.**  
4304 W Azeele St  
Tampa, FL 33609-3824

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
Signed On: 6/21/2009 10:49:04 AM

SAMBA Committee on Latin American Relations

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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1/3

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Ambulatory Anesthesia practices: Mobile Anesthesia Specialists, Pediatric Dental Anesthesia Associates, Florida Office Anesthesia

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

SAMBA committees

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Univ of South Florida - Clinical Faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/21/2009 10:49:03 AM )*



# Potential Conflict-of-Interest Form

Membership # 509722, Year 2009

**Jeffrey S. Plagenhoef, M.D.**

Anesthesia Consultants Medical Group  
1118 Ross Clark Circle, Suite 700  
Dothan, AL 36301

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/2/2009 9:19:15 AM

Committee on Anesthesia Care Team

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I and my group have served as a consultants for an AIMS/computerized record company (DocuSys) for the last 2-3 years aiding in software development to help anesthesiologists and their patients.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Yes, medicine in general and anesthesiology in specific.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/2/2009 9:19:14 AM )*



# Potential Conflict-of-Interest Form

Membership # 324716, Year 2009

**Michael C. Gosney, M.D.**  
108 Chase Dr.  
Muscle Shoals, AL 35661  
US

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/7/2008 2:42:04 PM

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Anesthesia Medical Consultants, PC Anesthesia Services in NW Alabama Michael C. Gosney, MD, PC Anesthesia Services Corporation providing anesthesia services in NW Alabama Florence Surgery Center, provides surgical outpatient care in NW Alabama

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member of the Board of Directors of the Southern Medical Association (SMA), 2007-2012 Member and Chairman of many committees with SMA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Plan to be involved with a healthcare legal entity as yet unnamed to provide legal services and business consulting with clients in Alabama.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

I plan to contact and advocate on behalf of physicians through the ASA, SMA, and individually. I do not plan on becoming a registered lobbyist.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/17/2008 2:30:48 PM )*



# Potential Conflict-of-Interest Form

Membership # 339065, Year 2009

**Daniel J. Cole, M.D.**

Mayo Clinic College of Medicine  
5777 E Mayo Blvd  
Department of Anesthesiology  
Phoenix, AZ 85054-4502  
Executive Committee of the Annual Meeting Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/18/2009 11:39:33 AM

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am an employee of Mayo Clinic Director of the American Board of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I am a Professor of Anesthesiology, College of Medicine, Mayo Clinic

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Advocacy on behalf of the ASA. It is possible I will advocate on behalf of Mayo Clinic or the Arizona Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/18/2009 11:39:33 AM )*



# Potential Conflict-of-Interest Form

Membership # 581854, Year 2009

**Brion J. Beerle, M.D.**  
Chugach Anesthesia, LLC  
PO Box 212289  
Anchorage, AK 99521-2289

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/19/2008 12:21:32 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Chugach Anesthesia, LLC - 50% owner, medical practice Internal Medicine Associates, LLC, - 20% owner, medical practice Alaska Surgery Center, LLC - ASC, 1% owner

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Trustee, Alaska State Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Alaska Surgery Center - advocacy regarding state CON legislation ASMA - Various advocacy issues as president

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

Yes

If "Yes", Please list each political office:

President, - ASMA

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

See above

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/19/2008 12:21:43 PM )*



# Potential Conflict-of-Interest Form

Membership # 673748, Year 2009

**Jeff T. Mueller, M.D.**  
 Mayo Clinic Hospital  
 Dept of Anesthesiology  
 5777 East Mayo Boulevard  
 Phoenix, AZ 85054  
 US  
 Committee on Economics

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/27/2008 4:58:58 PM

## Disclosure of Affiliations

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Arizona Medical Association Board of Directors 2009-2011 Arizona Society of Anesthesiologists Board of Directors 2009 Medical Director, Mayo Clinic Hospital, Phoenix, AZ 2009 Alternate, American Medical Association House of Delegates 2009-2011 Arizona Medicare Contractor Advisory Committee 2009 ASAPAC, Executive Board 2008-2011 Medical Director, Midwestern University CV Science (Perfusion) Program

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Instructor, Mayo Clinic School of Medicine Adjunct Professor, Midwestern University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Arizona Medical Association Mayo Clinic

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/27/2008 4:57:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 330796, Year 2009

**Robert J. Pease, M.D.**  
P.O. Box 220909  
Anchorage, AK 99522

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/1/2008 10:13:47 AM

## Disclosure of Affiliations

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am the medical director and on the board of my group PAAMG. I am also the trustee of our retirement account

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/1/2008 10:13:41 AM )*



# Potential Conflict-of-Interest Form

Membership # 362227, Year 2009

**James M. Vollers, M.D.**

University of Arkansas for Medical Sciences  
1 Childrens Way  
Slot 203, S-319  
Little Rock, AR 72202-3510  
Subcommittee on Pediatric Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 6/26/2009 1:41:31 PM

## Disclosure of Affiliations

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## Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Arkansas Society of Anesthesiologists, President

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, University of Arkansas for Medical Sciences, Little Rock, AR

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA Board of Directors, Arkansas Director - national lobbying for anesthesiology issues  
Arkansas Society of Anesthesiologists, President - local and national lobbying for anesthesiology issues

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/26/2009 1:41:31 PM )*



# Potential Conflict-of-Interest Form

Membership # 321729, Year 2009

**Mark A. Singleton, M.D.**  
1805 Greencreek Dr.  
San Jose, CA 95124-1121

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/10/2008 11:56:46 PM

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am a partner/shareholder in my anesthesiology group practice.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I do occasional consulting work for law firms involving medical malpractice cases.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Adjunct Clinical Professor, Stanford University School of Medicine.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/10/2008 8:08:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 256707, Year 2009

**Peggy G. Duke, M.D.**  
 Emory University Hospital  
 1364 Clifton Road  
 Dept of Anesthesiology A303  
 Atlanta, GA 30322  
 Committee on Surgical Anesthesia

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
 Signed On: 8/8/2009 12:45:47 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Emory University School of Medicine Department of Anesthesiology Assistant Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

John Lewis Tom Price

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/8/2009 12:45:47 PM )*



# Potential Conflict-of-Interest Form

Membership # 565621, Year 2009

**William H. Montgomery, M.D.**

533 Ahakea Street  
Honolulu, HI 96816

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/19/2009 11:13:46 PM

Committee on Administrative Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii.  
2008-2011

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/19/2009 11:13:45 PM )*



# Potential Conflict-of-Interest Form

Membership # 406082, Year 2009

**Randall M. Clark, M.D.**

21 Hyde Park Circle  
Denver, CO 80209

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/14/2009 12:02:12 PM

Committee on Pediatric Anesthesia

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

STAT Consulting, P.C. Owner and Director. This is a company my wife and I use to provide medically related consulting and other medical professional services.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Same as # 3. Also, Director of Colorado Society of Anesthesiologists, Denver Medical Society, and Colorado Medical Society.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Colorado, Department of Anesthesiology, Associate Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Colorado Society of Anesthesiologists, Denver Medical Society, Colorado Medical Society

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Work in support of local and state politicians.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2009 12:02:12 PM)*



# Potential Conflict-of-Interest Form

Membership # 399726, Year 2009

**Della M. Lin, M.D.**  
1329 Lusitana St., #604  
Honolulu, HI 96813

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/22/2009 11:28:04 PM

Committee on Ambulatory Surgical Care

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am in private medical practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am on the Board of HMSA-- Hawaii's Blue Cross Blue Shield...serving since 2002, and currently serving a three year term that will expire 2011

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I am a Senior Fellow with Estes Park Institute--- an organization that educates Community Hospitals... as such, I am "faculty" for this organization.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

only with relation to ASA as an Alternate Director, and having gone through the Spokesperson course

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/22/2009 11:28:03 PM )*



# Potential Conflict-of-Interest Form

Membership # 579819, Year 2009

**Matthew J. Wood, M.D.**  
3080 NE Sunburst Ave  
Hillsboro, OR 97124-1684

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/8/2008 10:28:56 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I have two brothers who are employees of Pharmaceutical companies.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/8/2008 10:28:32 AM )*



# Potential Conflict-of-Interest Form

Membership # 685714, Year 2009

**Alexey V. Slucky, M.D.**

South Denver Anesthesiologists, PC  
333 W. Hampden Ave., Suite 600  
Englewood, CO 80110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/13/2008 10:51:42 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I have an ownership interest as a limited partner in the Rocky Mountain Surgery Center located in Englewood, Colorado.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

As the President of the Colorado Society of Anesthesiologists I frequently engage in advocacy and public representation for our specialty. I regularly meet with our Colorado state and Congressional representatives to advocate for anesthesiology.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/13/2008 10:51:35 PM )*



# Potential Conflict-of-Interest Form

Membership # 553167, Year 2009

**Phillip G. Schmid, III, M.D.**  
1925 W. Woods Gulch Ct.  
Eagle, ID 83616-2459

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/11/2008 4:59:31 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Boise Anesthesia, P.A.; a private practice group of anesthesiologists with exclusive clinical privileges at St. Alphonsus Regional Medical Center in Boise, Idaho

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/11/2008 4:58:35 PM )*



# Potential Conflict-of-Interest Form

Membership # 209310, Year 2009

**Jan Ehrenwerth, M.D.**

4 Randi Dr  
Madison, CT 06443-2440

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/25/2009 6:15:14 PM

Committee on Equipment and Facilities

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Ct State Society of Anesthesiologists- Board of Directors Anesthesia Patient Safety Foundation-Board of Directors  
Society for Technology in Anesthesia-Board of Directors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Yale University School of Medicine- Professor-no term limit

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/25/2009 6:15:13 PM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2009

**Jeffrey B. Gross, M.D.**  
University of Connecticut  
19 Madison Ln  
West Simsbury, CT 06092-2615

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/14/2009 12:03:22 PM

Subcommittee on Respiration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Section Editor, Anesthesia and Analgesia (International Anesthesia Research Society)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Continuing Professional Education, Inc. Jenkintown, PA. This private corporation provides continuing education to individuals in the accounting and financial fields.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chairman Department of Anesthesiology University of Connecticut School of Medicine Farmington, CT

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2009 12:03:21 PM )*



# Potential Conflict-of-Interest Form

Membership # 272419, Year 2009

**Chris A. Kittle, M.D.**  
8 Rosecroft Ct.  
Wilmington, DE 19808-4334

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/2/2009 1:01:37 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/2/2009 1:01:37 PM )*



# Potential Conflict-of-Interest Form

Membership # 376866, Year 2009

**Gerard T. Costello, M.D.**  
7404 N. Landings Trail  
Muncie, IN 47303

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/14/2008 8:41:19 PM

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

1/3

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

part owner of surgery center

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

assoc clinical professor at Indiana University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

Yes

If "Yes", Please list each political office:

county Board of Health member township Lakeboard member

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2008 8:41:08 PM)*



# Potential Conflict-of-Interest Form

Membership # 560162, Year 2009

**John F. Dombrowski, M.D.**  
5123 Watson St NW  
Washington, DC 20016-5341

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/11/2009 6:54:47 PM

Committee on Outreach Education

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities :

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/11/2009 6:54:47 PM )*



# Potential Conflict-of-Interest Form

Membership # 241357, Year 2009

**Raafat S. Hannallah, M.D.**

Childrens National Medical Center  
111 Michigan Ave NW  
Washington, DC 20010-2916

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/23/2009 9:31:56 AM

Subcommittee on Ambulatory and Geriatric Anesthesia

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Society for Ambulatory Anesthesia (SAMBA)-committee member, Past President International Association for Ambulatory surgery (IAAS)- Executive committee

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology and Pediatrics, George Washington University Medical Center, Washington, DC 20010

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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*( signed on:5/23/2009 9:31:56 AM )*



# Potential Conflict-of-Interest Form

Membership # 217294, Year 2009

**John R. Moyers, M.D.**

UIHC  
200 Hawkins Dr.  
Dept of Anes.  
Iowa City, IA 52242-1079  
Committee on Quality Management & Departmental Administration

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 8/25/2009 9:26:14 AM

## Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors, Oaknoll Retirement Facility, Iowa City, IA Board of Trustees, Anesthesia Foundation

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor, Univ. of Iowa College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

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No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/25/2009 9:26:14 AM )*



# Potential Conflict-of-Interest Form

Membership # 402751, Year 2009

**Stephen D. Tarver, M.D.**  
11304 W. 140th St.  
Overland Park, KS 66221

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/13/2008 9:54:05 AM

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor Dept of Anesthesia, University of Kansas School of Medicine

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

- 9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

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No

If "Yes", Please describe your political activities:

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No

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/13/2008 9:53:26 AM )*



# Potential Conflict-of-Interest Form

Membership # 353770, Year 2009

**Linda F. Lucas, M.D.**  
 Univ. of Louisville Hospital  
 5013 Old Federal Rd.  
 Louisville, KY 40207-1200

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 8/25/2009 12:02:52 PM

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Sullivan University Department of Pharmacy - Consulting only

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA only

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on: 8/25/2009 12:02:52 PM )*



# Potential Conflict-of-Interest Form

Membership # 402616, Year 2009

**James L. Becker, M.D.**  
35303 Cabernet Circle  
Waukee, IA 50263-8125

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/11/2008 4:12:20 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/11/2008 4:11:22 PM )*



# Potential Conflict-of-Interest Form

Membership # 585800, Year 2009

**Raymond J. Sullivan, M.D.**  
20 Medical Village Dr., Suite 258  
Edgewood, KY 41017

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 1/15/2009 7:32:58 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Part-owner Central Anesthesia Management Services Provides billing and management services to anesthesia groups in Kentucky and Ohio

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/25/2008 9:19:20 AM )*



# Potential Conflict-of-Interest Form

Membership # 239140, Year 2009

**Mack A. Thomas, M.D.**  
244 Beverly Dr.  
Metairie, LA 70001

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/17/2009 5:57:34 PM

Committee on Local Arrangements

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

LSUHSC New Orleans - Professor of Anesthesiology and Surgery 2yr appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/17/2009 5:57:33 PM )*



# Potential Conflict-of-Interest Form

Membership # 656498, Year 2009

**Gary E. Palman, D.O.**

Spectrum Anes., Maine Med. Ctr.

22 Bramhall St

Portland, ME 04102-3134

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/6/2008 5:29:23 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Maine Board of Osteopathic Licensure Board of Trustees University of New England

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Department of Anesthesiology Tufts University

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/6/2008 5:29:14 PM )*



# Potential Conflict-of-Interest Form

Membership # 199421, Year 2009

**Murray A. Kalish, M.D., M.B.A.**

Johns Hopkins - ACCM  
7102 Rockland Hills Dr  
Baltimore, MD 21209-1113

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/14/2008 3:44:27 PM

Committee on Simulation Education

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Will become an officer in the Maryland State Medical Society for the next two years. Will serve on a number of committees and task forces for same organization. I serve on the Executive Committee of the Maryland society of Anesthesiologists as their Director.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

lobbying the Maryland General Assembly for the Maryland Society of Anesthesiologists, the Baltimore City Medical Society, and the Maryland State Medical Society (MedChi); lobbying the United States Congress on behalf of the American Society of Anesthesiologists.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/9/2008 3:44:36 PM )*



# Potential Conflict-of-Interest Form

Membership # 278073, Year 2009

**Terry Walman, M.D.**

Anes. & Critical Care Medicine  
PO Box 2968  
Annapolis, MD 21404-2968

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/1/2008 12:59:58 PM

Committee on Expert Witness Testimony Review

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/1/2008 12:59:36 PM )*



# Potential Conflict-of-Interest Form

Membership # 681644, Year 2009

**Michael H. Entrup, M.D.**  
P.O. Box 5178  
Framingham, MA 01701-5178

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/19/2008 10:42:47 AM

Committee on Newsletter

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

ASA BOD Trustee, Tufts Medical Center Physician Organization

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Chair, Department of Anesthesiology Tufts University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/19/2008 10:49:04 AM )*



# Potential Conflict-of-Interest Form

Membership # 215131, Year 2009

**Beverly K. Philip, M.D.**

Brigham & Woman's Hospital  
75 Francis St  
Anesthesiology  
Boston, MA 02115-6110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/12/2009 8:42:58 PM

Executive Committee of the Annual Meeting Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Accreditation Association for Ambulatory Health Care- Director (representing SAMBA); Chair, Bylaws Committee; member, Standards and Survey Procedures Committee . Volunteer position.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anaesthesia, Harvard Medical School. Unlimited term.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/12/2009 8:42:57 PM )*



# Potential Conflict-of-Interest Form

Membership # 290556, Year 2009

**Kenneth Elmassian, D.O.**  
 Ingham Regional Medical Center  
 2399 Pine Hollow Dr.  
 East Lansing, MI 48823

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/2/2008 6:50:52 PM

Committee on Governmental Affairs

## Disclosure of Affiliations

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board Member, Michigan State Medical Society Board Member, Ingham County Medical Society Board Member, Michigan Society of Anesthesiologists President-elect, Michigan Society of Anesthesiologists Co-Chairman, Michigan Society of Anesthesiologists PAC Board Member, Michigan State Medical Society MDPAC

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President, Fair Campaign Fund Provides funds to State of Michigan election candidates in promoting fair campaigning

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Michigan Society of Anesthesiologists American Society of Anesthesiologists Michigan State Medical Society Ingham Regional Medical Center

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 6:54:20 PM )*



# Potential Conflict-of-Interest Form

Membership # 620515, Year 2009

**John L. Pappas, M.D.**  
 William Beaumont Hospital Troy  
 294 Barden Rd  
 Bloomfield Hills, MI 48304-2711

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 5/30/2009 9:06:31 AM

Committee on Membership

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Chairman, Dept. of anesthesiology and perioperative medicine, William Beaumont Hospital, Troy

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/30/2009 9:06:31 AM )*



# Potential Conflict-of-Interest Form

Membership # 507308, Year 2009

**Claude D. Brunson, M.D.**  
 Univ of Mississippi Med Ctr  
 2500 N State St  
 Jackson, MS 39216-4500

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/3/2008 7:50:40 AM

Committee on Governmental Affairs

## Disclosure of Affiliations

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Trustees Mississippi State Medical Association Vice President, Mississippi Medical and Surgical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors, Madison County Bank, Madison, MS

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chairman, Anesthesiology, University of Mississippi Medical Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Chairman, Council on Legislation, Mississippi State Medical Association

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/3/2008 7:49:30 AM )*



# Potential Conflict-of-Interest Form

Membership # 660214, Year 2009

**Brian P. McGlinch, M.D.**  
 Mayo Clinic Anesthesiology  
 1832 22nd Ave NE  
 Rochester, MN 55906-8035

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 11/21/2008 3:13:22 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

Yes

If "Yes", Please list the name of each business and the type of goods or services involved:

My brother-in-law, David Ferber, will be providing the voice on the new Anesthesia Patient Safety products to be offered by the ASA. I presume there will be compensation from the ASA. I was not involve nor aware of him being considered for this activity.

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I am on faculty in the Department of Anesthesiology at Mayo Clinic, Rochester, MN. I am also an adjunct faculty member of the Department of Anesthesiology at Walter Reed Army Medical Center, Washington, D.C.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists Minnesota Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/16/2008 9:59:33 AM )*



# Potential Conflict-of-Interest Form

Membership # 383330, Year 2009

**Donald E. Arnold M.D.**

Western Anesthesiology Assoc. Inc.  
339 Consort Dr  
Ballwin, MO 63011-4439

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/9/2009 7:05:37 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Shareholder in Western Anesthesiology Associates, Inc. Wife is a self-employed physician.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chair, Department of Anesthesiology, St. John's Mercy Medical Center, St. Louis, MO Board of Directors, Missouri Society of Anesthesiologists Secretary, Board of Directors, Anesthesia Quality Institute Alternate Representative, Joint Commission Professional Technical Advisory Committee

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chair, Healthcare Advisory Board, Champion Bank, St. Louis, Mo

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/9/2009 7:05:36 PM )*



# Potential Conflict-of-Interest Form

Membership # 636934, Year 2009

**Sheila J. Ellis, M.D.**

University of Nebraska Medical Center  
 University of Nebraska Medical Center  
 10247 Adams St.  
 Omaha, NE 68127-4540

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/3/2008 8:35:26 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/3/2008 8:35:51 AM )*



# Potential Conflict-of-Interest Form

Membership # 306055, Year 2009

**Mike P. Schweitzer, M.D.**

1927 Holstein Ln.  
Laurel, MT 59044-9567

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/12/2008 12:52:33 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

InterWest Health, a PPO I am on the Board and own stock (<5%) Yellowstone Surgery Center, an ambulatory surgery center I own less than 5% stock. ORPEER a medical software company. I am a part owner.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Rocky Mountain Health Network, a provider network. I am Board Chair

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Washington in Seattle volunteer faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Rocky Mountain Health Network

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/12/2008 12:52:09 PM )*



# Potential Conflict-of-Interest Form

Membership # 299302, Year 2009

**Jonathan R. Zucker, M.B.,Ch.B.**  
1612 Saint Gregory Drive  
Las Vegas, NV 89117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 1/31/2009 6:09:36 PM

Committee on Trauma and Emergency Preparedness

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/7/2008 11:34:14 PM )*



# Potential Conflict-of-Interest Form

Membership # 232946, Year 2009

**K. R. Peters, M.D.**

University of Nebraska Medical Center  
180 S 216th Cir  
Elkhorn, NE 68022-1820

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 6/29/2009 7:02:11 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, University of Nebraska College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/29/2009 7:02:10 AM )*



# Potential Conflict-of-Interest Form

Membership # 858488, Year 2009

**Brett E. Winthrop, M.D.**  
Sierra Anesthesia, Inc  
Sierra Anesthesia  
520 Hammill Ln  
Reno, NV 89511-2045

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/11/2009 8:48:05 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/11/2009 8:48:04 PM )*



# Potential Conflict-of-Interest Form

Membership # 638033, Year 2009

**Steven J. Hattamer, M.D.**  
Nashua Anesthesia Partners  
8 Prospect Street  
Nashua, NH 03060

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/9/2009 7:03:41 PM

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

Pain Centers, PLLC - surgery center specializing in Pain Management

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Center for Operating Room Excellence - Owner

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Advocacy for the ASA.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/9/2009 7:03:41 PM )*



# Potential Conflict-of-Interest Form

Membership # 330118, Year 2009

**Sean E. Hunt M.D.**

Dartmouth-Hitchcock Clinic  
100 Hitchcock Way  
Manchester, NH 03104-4125

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/11/2008 2:07:02 PM

SAMBA Committee on Society Website

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Medical Director, Dartmouth Ambulatory Surgery Center, Manchester, NH Medical Staff, Dartmouth-Hitchcock Medical Center

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor of Anesthesiology Dartmouth Medical School Hanover, NH 1999-Present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Lobby as part of the ASA Legislative Conference annually.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/11/2008 2:08:33 PM )*



# Potential Conflict-of-Interest Form

Membership # 394201, Year 2009

**Aryeh Shander, M.D.**

Englewood Hospital and Medical Center  
12 Lois Ave  
Demarest, NJ 07627-2220

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/31/2009 4:59:50 PM

Subcommittee on Critical Care

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Mount Sinai School of Medicine New York, New York

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/31/2009 4:59:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 251383, Year 2009

**Kenneth I. Mirsky, M.D.**  
625 Lenox Ave.  
Westfield, NJ 07090-2162

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/3/2009 9:17:21 AM

Committee on Finance

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member, Executive Committee, New Jersey State Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Medicine and Dentistry of New Jersey/New Jersey Medical School; clinical assistant professor of anesthesiology, March, 2008 - present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

New Jersey State Society of Anesthesiologists, occasional meetings with legislators on behalf of anesthesia issues.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/3/2009 9:17:21 AM )*



# Potential Conflict-of-Interest Form

Membership # 654062, Year 2009

**John H. Wills, M.D.**

University of New Mexico  
1 University of New Mexico  
MSC 11 6120, Dept of Anes  
Albuquerque, NM 87131-0001

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 8/24/2009 10:52:35 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board Member, UNM Medical Group Member, Lovelace Healthplan Quality and Technology Assessment Committees Member, Molina Healthcare Peer Review Committee

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/24/2009 10:52:35 AM )*



# Potential Conflict-of-Interest Form

Membership # 551241, Year 2009

**Ruth E. Burstrom, M.D.**  
 University of NM School of Med.  
 1538 Eagle Ridge Pl., N.E.  
 Albuquerque, NM 87122-1154

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/12/2009 1:04:55 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Audubon New Mexico - on board and executive committee, component of the National Audubon Society. President - New Mexico Audubon Council - representatives of the chapters of National Audubon in New Mexico doing environmental, conservation, energy activism. The term is two years - I am starting my second year in 2009 but plan to run for re-election later this year. The Council President is automatically a member of the Audubon New Mexico Board.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of New Mexico Assistant Professor Department of Anesthesiology and Critical Care 3 year appointments

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

National Audubon Society, Audubon New Mexico and the New Mexico Audubon Council- conservation, ecology, energy, habitat protection, and endangered species advocate.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/12/2009 1:04:55 PM )*



# Potential Conflict-of-Interest Form

Membership # 324013, Year 2009

**Scott B. Groudine, M.D.**  
Albany Medical Center  
21 Carriage Hill Drive  
Latham, NY 12110-4946

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/9/2009 11:58:55 AM

Subcommittee on Neuromuscular Transmission

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Consultant Cadence- Drug company

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Albany medical Center, Albany, NY

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA Medical society State of NY

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/9/2009 11:58:55 AM )*



# Potential Conflict-of-Interest Form

Membership # 237305, Year 2009

**Kenneth J. Freese, M.D.**

Nassau University Medical Center  
660 Wenwood Dr  
East Meadow, NY 11554-4943  
US

Committee on Physician Resources

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/17/2009 8:15:10 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way,

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

New York State Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Clinical Anesthesiology, SUNY at Stony Brook Professor of Anesthesiology, NY College of Osteopathic Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

New York State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/17/2009 8:15:09 AM )*



# Potential Conflict-of-Interest Form

Membership # 298842, Year 2009

**John C. Chatelain, M.D.**  
1319 S.9th St.  
Fargo, ND 58103-4105

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 6/26/2009 4:24:39 PM

Committee on Rural Access to Anesthesia Care

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board Member: Federation of Pershing Rifles Alumni Associations

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/26/2009 4:24:38 PM )*



# Potential Conflict-of-Interest Form

Membership # 560719, Year 2009

**Ronald L. Harter, M.D.**

Ohio State University Medical Center  
7825 Holiston Ct  
Dublin, OH 43016-8659

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 2/6/2009 10:02:16 AM

Committee on Residents and Medical Students

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Alternate Director, ASA. Director, Ohio Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

The Ohio State University Medical Center, Associate Professor, Department of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 8:26:15 PM )*



# Potential Conflict-of-Interest Form

Membership # 522673, Year 2009

**Jane C.K. Fitch, M.D.**

Oklahoma Allergy Clinic Bldg.  
Anesthesia Department  
750 NE 13th St Ste 200  
Oklahoma City, OK 73104-5024  
SEA Committee on Finance

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/22/2009 2:30:45 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Various positions within the ASA & AMA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

John L. Plewes Chair Professor and Chair University of Oklahoma Department of Anesthesiology November 2001-Present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/22/2009 2:30:44 PM )*



# Potential Conflict-of-Interest Form

Membership # 346388, Year 2009

**Charles K. Anderson, M.D.**  
60975 Billadeau Rd.  
Bend, OR 97702

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/30/2008 4:31:07 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/30/2008 4:30:53 PM )*



# Potential Conflict-of-Interest Form

Membership # 249654, Year 2009

**Donald E. Martin, M.D.**

Penn State Univ. College of Medicine  
19 Gentry Drive  
Palmyra, PA 17078

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/1/2009 8:02:17 PM

Committee on Standards and Practice Parameters

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Secretary Treasurer and Board member of the Pennsylvania Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Associate Dean for Administration, Penn State University College of Medicine - term - tenured faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

advocacy on behalf of the specialty of anesthesiology for the Pennsylvania Society of Anesthesiologists potential lobbying for medical practice in Pennsylvania on behalf of the Pennsylvania Medical Society or Penn State university

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/1/2009 8:02:17 PM )*



# Potential Conflict-of-Interest Form

Membership # 491536, Year 2009

**Erin A. Sullivan, M.D.**

University of Pittsburgh  
200 Lothrop St  
Department of Anesthesiology PUH C-224  
Pittsburgh, PA 15213-2536

Committee on Scientific and Educational Exhibits

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/27/2009 8:46:09 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a position as proprietor, director, managing partner or key employee.

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- 1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Alternate District Director from PA to the ASA House of Delegates; Chair of the Membership Committee for the Society for Education in Anesthesia (SEA); Immediate Past President PA Society of Anesthesiologists; ASA Committee on Governmental Affairs; ASA Committee on Surgical Anesthesia; ASA Committee on Scientific and Educational Exhibits

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology and Director of Cardiothoracic Anesthesiology, University of Pittsburgh Physicians Department of Anesthesiology (1998-present).

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists; PA Society of Anesthesiologists. I serve as a grassroots legislative key contact

for these organizations.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/27/2009 8:46:08 AM )*



# Potential Conflict-of-Interest Form

Membership # 586585, Year 2009

**Andres Melendez-Dedos, M.D.**

P.O. Box 367228

San Juan, PR 00936-7228

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 8/24/2009 2:11:38 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am the sole owner of an Ambulatory Surgical Center in which I practice pain management ...

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Pricara speaker program Wyeth speaker program

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/24/2009 2:11:37 PM )*



# Potential Conflict-of-Interest Form

Membership # 364426, Year 2009

**Richard A. Browning, M.D.**

359 Rumstick Point Rd.  
Barrington, RI 02806

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 8/27/2009 11:46:32 AM

Committee on Administrative Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Providence Anesthesiologists, Inc- A professional service corporation providing anesthesia services in the State of RI

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Providence Anesthesiologists, Inc- A professional service corporation providing anesthesia services in the State of RI, President and Board Chair

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor of Anesthesiology, The Warren Alpert Medical School of Brown University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/27/2009 11:46:32 AM )*



# Potential Conflict-of-Interest Form

Membership # 620912, Year 2009

**Deborah Cahill, M.D.**  
Rhode Island Hospital  
60 Plantation Ln.  
Saunderstown, RI 02874-2742

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/16/2008 1:26:49 PM)*



# Potential Conflict-of-Interest Form

Membership # 358718, Year 2009

**Christopher A. Yeakel, M.D.**

206 Beaver Lake Dr.  
Elgin, SC 29045

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 12/9/2009 7:05:51 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am a shareholder in my private practice anesthesiology group.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am the vice-president of the Columbia Medical Society, Columbia, South Carolina

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

As above.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/9/2009 7:05:50 PM )*



# Potential Conflict-of-Interest Form

Membership # 828576, Year 2009

**Robert R Morgan, Jr., M.D.**  
Greenville Anesthesiology, P.A.  
1007 Grove Rd # B  
Greenville, SC 29605-4630

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
Signed On: 11/25/2008 3:01:46 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/12/2008 5:28:36 AM )*



# Potential Conflict-of-Interest Form

Membership # 395485, Year 2009

**Robert G. Allen, Jr., M.D.**  
4454 West Glen Pl.  
Rapid City, SD 57702-6852

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/18/2008 7:35:58 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Vice President Medical Affairs at Rapid City Regional Hospital, Rapid City, SD Councilor South Dakota State Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Rapid City Regional Hospital, lobbying activity South Dakota State Medical Association, lobbying activity

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/18/2008 7:36:13 AM )*



# Potential Conflict-of-Interest Form

Membership # 495140, Year 2009

**Robert J. Lunn, M.D.**  
Anesthesia Physicians  
200 E. 10th Street  
Sioux Falls, SD 57117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 12/18/2008 10:11:51 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

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9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/18/2008 10:12:13 AM )*



# Potential Conflict-of-Interest Form

Membership # 539177, Year 2009

**James M. West, M.D.**  
5229 Cosgrove Cv.  
Memphis, TN 38117-4542

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/2/2008 4:16:18 PM

Committee on Scientific Affairs

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

My own practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

board member of Metrocare physicians a 1500 member IPA. Ethics committee and senior leadership committee of Methodist-LeBonheur Healthcare.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Asst. Professor of Anesthesiology, University of Tennessee Health Science Center - indefinite Asst. Clinical Professor of Human Values and Ethics, University of Tennessee Health Science Center - indefinite

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Just advocacy for the ASA

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 4:15:06 PM )*



# Potential Conflict-of-Interest Form

Membership # 353022, Year 2009

**W. Bradley Worthington, M.D.**

Center for Spinal Surgery  
202 Deer Park Drive  
Nashville, TN 37205-2811

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/2/2008 3:01:31 PM

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 3:01:08 PM )*



# Potential Conflict-of-Interest Form

Membership # 347198, Year 2009

**Scott E. Kercheville, M.D.**

UTHSCSA

Mail Code 7838

7703 Floyd Curl Drive

San Antonio, TX 78229-3900

Committee on Quality Management & Departmental Administration

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/11/2009 8:05:28 AM

## Disclosure of Affiliations

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No

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No

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3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Texas Society of Anesthesiologists, Governmental Affairs Committee Board Member/Medical Director, South Texas Physician Outreach (Non-profit Missionary work to Honduras)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

UTHSCSA, Asst. Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Lobbying for the TSA & ASA only.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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**Statement of Compliance**

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*( signed on:11/11/2009 8:05:28 AM )*



# Potential Conflict-of-Interest Form

Membership # 319330, Year 2009

**Mary Dale Peterson, M.D.**

Driscoll Found. Childrens Hospital  
210 Naples St.  
Corpus Christi, TX 78404

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/1/2009 7:50:07 PM

Committee on Physician Resources

## Disclosure of Affiliations

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"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President/CEO, Driscoll Children's Health Plan Vice President, Driscoll Children's Health System Delegate, Texas Medical Association Council member, Council on Socioeconomics, Texas Medical Association Board Member, Texas Society of Anesthesiologists (TSA) Committee Member, Economics, Editorial, Nominating, Awards committees for TSA Executive Board Member, Nueces County Medical Society Chair Communications Committee, Nueces County Medical Society Alternate Delegate, American Medical Association ASA Director Chair Physician Resource Committee, ASA Member Membership Committee, ASA Board Member, Coastal Bend Diabetes Initiative Board Member, Development Foundation for University of Texas Medical Branch at Galveston

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Associate Professor - University of Texas Medical Branch at Galveston Clinical Associate Professor - Texas A&M University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Dris coll Children's Health Plan, Texas Medical Association, Texas Pediatric Society- I am asked to advocate for children's issues in the State of Texas and testify during our legislative sessions as well as meeting with our legislators.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/1/2009 7:50:07 PM )*



# Potential Conflict-of-Interest Form

Membership # 229555, Year 2009

**Joel H. Mumford, M.D.**

VA Medical Center  
221 Elm Hill Rd.  
Springfield, VT 05156

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/18/2009 7:14:50 AM

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Dartmouth Medical School, Assistant Professor of Anesthesiology, term runs concurrently with employment at VA Medical Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/18/2009 7:14:49 AM )*



# Potential Conflict-of-Interest Form

Membership # 296246, Year 2009

**Paul N. Clayton, M.D.**

Alta View Hospital  
#2 Old Oak Ln.  
Sandy, UT 84092-4903

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 6/27/2009 8:56:19 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chair, Medical Records Committee, Alta View Hospital, Sandy, Utah Member, Urban Central Region Bylaws Committee, Intermountain Healthcare, Salt Lake City, Utah Member, Billing and Compliance Committee, Mountain West Anesthesia LLC, Lehi, Utah

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member, Board of Directors, Freedoms Foundation at Valley Forge, Utah Chapter Managing Member, Clayton Family Ltd., Sandy, Utah Managing Member, John Clayton Ltd., Sandy, Utah Managing Member, Old Oak LLC, Sandy Utah Managing Member, Naylor Farm LLC, Sandy, Utah

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/27/2009 8:56:19 PM )*



# Potential Conflict-of-Interest Form

Membership # 215299, Year 2009

**Frederick M. Perkins, M.D.**  
 VAMC & ROC, #112  
 215 N. Main St.  
 White River Junction, VT 05009

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 11/14/2008 8:07:25 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Dartmouth Medical School Associate Professor of Anesthesiology 2000 -

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:4/8/2009 12:28:33 PM )*



# Potential Conflict-of-Interest Form

Membership # 277285, Year 2009

**Granville B. Work, M.D.**  
3749 Lynnfield Dr.  
Virginia Beach, VA 23452

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/15/2008 8:52:11 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am a stockholder in Atlantic Anesthesia, a private practice anesthesia group in Norfolk and Virginia Beach, Virginia. We provide anesthesia services to Sentara Hospitals in Norfolk and Virginia Beach.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Past president of the Virginia Society of Anesthesiologists since Jan 2007. Term ends Jan 2009.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/26/2008 6:45:10 PM )*



# Potential Conflict-of-Interest Form

Membership # 291129, Year 2009

**Peter J. Dunbar, M.D.**

University of Washington  
PO Box 356540  
1959 Pacific St.  
Seattle, WA 98195-6540

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 7/7/2009 11:13:51 PM

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Talaria Inc I founded , chair the board and consult . Talaria undertakes research and development In eLearning and wireless internet messaging application.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director One Health Port - a for profit business for health care security and common web portal for health plans Talaria Inc I founded , chair the board and consult . Talaria undertakes research and development In eLearning and wireless internet messaging application.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Washington School of Medicine--Dept of Anesthesiology--associate professor School of Public Health--Dept of Health Services--Adjunct associate professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA Washington State medical Association Washington State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

Yes

If "Yes", Please describe each relationship, activity or interest:

Talaria Inc I founded , chair the board and consult . Talaria undertakes redearch and development In eLearning and wireless internet messaging application. Talaria has devloped a product called My Pain Profile that may become more visible to ASA over the next year but to the best of my knowledge they do not plan to sell it to the ASA

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/7/2009 11:13:51 PM)*



# Potential Conflict-of-Interest Form

Membership # 291129, Year 2009

**Peter J. Dunbar, M.D.**

University of Washington  
PO Box 356540  
1959 Pacific St.  
Seattle, WA 98195-6540

Committee on Quality Management & Departmental Administration

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 7/7/2009 11:13:51 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Talaria Inc I founded , chair the board and consult . Talaria undertakes research and development In eLearning and wireless internet messaging application.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director One Health Port - a for profit business for health care security and common web portal for health plans Talaria Inc I founded , chair the board and consult . Talaria undertakes research and development In eLearning and wireless internet messaging application.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Washington School of Medicine--Dept of Anesthesiology--associate professor School of Public Health--Dept of Health Services--Adjunct associate professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA Washington State medical Association Washington State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

Yes

If "Yes", Please describe each relationship, activity or interest:

Talaria Inc I founded , chair the board and consult . Talaria undertakes reearch and development In eLearning and wireless internet messaging application. Talaria has devoped a product called My Pain Profile that may become more visible to ASA over the next year but to the best of my knowledge they do not plan to sell it to the ASA

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/7/2009 11:13:51 PM )*



# Potential Conflict-of-Interest Form

Membership # 404531, Year 2009

**Paul A. Skaff, M.D.**  
28 Norwood Rd.  
Charleston, WV 25314

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/8/2008 9:23:36 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Partner in General Anesthesia Services Charleston, WV.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/8/2008 9:23:28 AM )*



# Potential Conflict-of-Interest Form

Membership # 299641, Year 2009

**Mark F. Flanery, M.D.**  
32721 111th PI SE  
Auburn, WA 98092-4739

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/20/2009 1:03:45 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Mark F. Flanery MD PC Auburn Anesthesia Associates Inc. PS

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Mark F. Flanery MD PC (personal corporation for anesthesia services) Mark Flanery -- President Amanda Flanery -- Sec./Tres Auburn Anesthesia Associates Inc. PS (small group practice with contract for services at Auburn Regional Medical Center) Mark Flanery -- President

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/5/2008 9:03:46 AM )*



# Potential Conflict-of-Interest Form

Membership # 199997, Year 2009

**David F. Graf, M.D.**

Univ. of West Virginia Med. School

PO Box 8255

Morgantown, WV 26506-8255

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/15/2009 6:23:31 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Tenured Associate Professor of Anesthesiology University of West Virginia

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/15/2009 6:23:31 PM )*



# Potential Conflict-of-Interest Form

Membership # 324057, Year 2009

**Robert E. Kettler, M.D.**  
 Department of Anes. FEC  
 9200 W. Wisconsin Ave.  
 Milwaukee, WI 53226-3596

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/2/2008 2:58:55 PM

Committee on Professional Liability

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, Medical College of Wisconsin, Milwaukee, WI

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists, Wisconsin Society of Anesthesiologists, contacting legislators on behalf of these two professional societies

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/23/2008 9:29:06 AM )*



# Potential Conflict-of-Interest Form

Membership # 556904, Year 2009

**James R. Mesrobian, M.D.**

Summit Anesthesiology  
827 E. Birch Avenue  
Milwaukee, WI 53217

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/2/2008 3:32:35 PM

Committee on Practice Management

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Shareholder with Summit Anesthesiology (private practice in Milwaukee, WI)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President-Wisconsin Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Assistant Professor-Medical College of Wisconsin

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Wisconsin Society of Anesthesiologists-currently President.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Occasional contributions to statewide candidates for public office

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 3:32:38 PM )*



# Potential Conflict-of-Interest Form

Membership # 333353, Year 2009

**Steven J. Barker, Ph.D., M.D.**

University of Arizona  
Anesthesiology Department  
PO Box 245114  
Tucson, AZ 85724-5114  
Committee on Economics

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/12/2008 10:45:11 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Community Member of Board of Directors, Masimo, Inc., Irvine CA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Head, Dept of Anesthesiology University of Arizona College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA-PAC

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/25/2008 12:19:25 PM )*



# Potential Conflict-of-Interest Form

Membership # 379525, Year 2009

**Todd M. Witzeling, M.D.**  
1044 S. Wolcott  
Casper, WY 82601

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/4/2009 12:17:32 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am an investor in an outpatient surgery center called Casper Surgery Center. It is located in Casper, Wyoming. I own 20 shares, which is approximately 5%.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board Member of Blue Cross Blue Shield of Wyoming, term till 2012. Brother in law William Hamik, Vice President, McKesson Corp.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/4/2009 12:17:32 PM )*



# Potential Conflict-of-Interest Form

Membership # 311033, Year 2009

**Kevin K. Tremper, M.D., Ph.D.**

Univ of MI Hosp  
1500 E. Medical Center Dr., Rm 1H247  
Ann Arbor, MI 48109-0048

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/14/2009 8:17:51 AM

Subcommittee on Equipment, Monitoring and Engineering Technology

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp..](http://asawebapps.org/coi_admin/coiPrint.asp..)

services, or is seeking to furnish goods or services, to ASA?

Yes

If "Yes", Please list the name of each business and the type of goods or services involved:

The Dept of Anesthesiology is the development site for GE Centricity periop software. The institution receives software at a substantial discount and the co-developers and institution may be receiving royalties in the future for some of the co-development work.

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2009 8:17:50 AM )*



# Potential Conflict-of-Interest Form

Membership # 809908, Year 2009

**Corry J. Kucik, M.D.**  
 Massachusetts General Hospital  
 1137 N Central Ave Apt 1528  
 Glendale, CA 91202-3683

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 7/5/2009 6:51:07 PM

Committee on Trauma and Emergency Preparedness

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Resident Member, Wood Library-Museum Board of Trustees

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member, U.S. Naval Institute Advisory Council

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor, Uniformed Services University School of Medicine Clinical Fellow, Harvard Medical School

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/27/2008 10:46:59 AM )*

Last update on:10/14/2008 4:45:04 PM



# Potential Conflict-of-Interest Form

Membership # 342081, Year 2009

**Gregory K. Unruh, M.D.**  
 Univ. KS Dept. of Anesthesiology  
 21215 W. 106th Street  
 Olathe, KS 66061

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 10/14/2008 4:44:51 PM

Committee on Membership

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Trustee of the Kansas University Anesthesiology Foundation, 1994 to present in one year renewable terms.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor, University of Kansas School of Medicine, Department of Anesthesiology, 1985 to present in one year renewable terms

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/14/2008 4:45:04 PM )*

Last update on:10/2/2008 2:35:47 PM



# Potential Conflict-of-Interest Form

Membership # 274990, Year 2009

**Jeffrey L. Apfelbaum, M.D.**2560 Greenview Rd  
Northbrook, IL 60062-7032

BOARD &amp; COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/2/2008 2:35:53 PM

SAMBA Committee on Finance and Budget

**Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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**Affiliations**

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

My primary employer, the University of Chicago Medical Center

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Yes. I will be President and a member of the Board of Directors of SAAA, the Society for Academic Anesthesia Associations and President of AAAC, the Association of Academic Anesthesiology Chairs. Both organizations have management contracts with ASA

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor, University of Chicago

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Only in support of the medical specialty of anesthesiology and my primary employer: ASA Illinois Society of Anesthesiologists University of Chicago Medical Center

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/2/2008 2:35:47 PM )*

Last update on:10/13/2009 6:16:30 PM



# Potential Conflict-of-Interest Form

Membership # 201920, Year 2009

**Charles W. Otto, M.D.**

University of Arizona Health & Science Center  
 Department of Anesthesiology  
 1501 N. Campbell Avenue  
 Tucson, AZ 85724-5114

BOARD &amp; COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/13/2009 6:16:31 PM

Committee on Professional Education Oversight

**Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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**Affiliations**

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

American Heart Association, Emergency Cardiac Care Committee, Advanced Cardiac Life Support Subcommittee, Member, 2008-2011

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Arizona, Professor of Anesthesiology, Associate Professor of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/13/2009 6:16:30 PM )*



# Potential Conflict-of-Interest Form

Membership # 452986, Year 2009

**H. Jerrel Fontenot M.D., Ph.D.**

Fontenot & McIntosh LLC  
305 Park Ave.  
Monroe, LA 71201

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/12/2008 11:51:37 AM

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Ouachita Community Hospital Ouachita Medical Properties H J Fontenot MD PhD APMC Fontenot & McIntosh LLC

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

As stated in #3

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Vieux Carre Gourmet - Gourmet Foods & Restaurant

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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If "Yes", Please describe your political activities:

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/12/2008 11:52:57 AM )*



# Potential Conflict-of-Interest Form

Membership # 718530, Year 2009

**Christopher W. Cary, M.D.**  
 Maine Medical Center  
 4 Alexander Dr  
 Cape Elizabeth, ME 04107-9651

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 11/2/2009 10:31:48 PM

SEA Committee on Resident Curriculum

## Disclosure of Affiliations

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- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Tufts Univ School of Medicine Clinical Instructor 09/10

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA legislative conference

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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*( signed on:11/2/2009 10:31:48 PM )*



# Potential Conflict-of-Interest Form

Membership # 340381, Year 2009

**Richard C. Prielipp M.D.**  
 University of Minnesota  
 420 Delaware St SE Ste MMC294  
 Minneapolis, MN 55455-0341

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
 Signed On: 5/15/2009 4:32:11 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chair University of Minnesota Department of Anesthesiology

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

- 9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/15/2009 4:32:11 PM )*



# Potential Conflict-of-Interest Form

Membership # 505801, Year 2009

**Paul W. Pickard, M.D.**  
4599 Cypress Shores Drive  
Mobile, AL 36619

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/20/2008 3:47:23 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Anesthesia Consultants, PA. This is my medical practice in which I hold shares of stock.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am the secretary and treasurer for the Mississippi Society of Anesthesiologists and serve on the Medical Services committee for the Mississippi State Medical Association.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:4/14/2008 7:08:09 PM )*



# Potential Conflict-of-Interest Form

Membership # 318418, Year 2009

**Alan M. Harvey, M.D., M.B.A.**  
Brigham and Women's Hospital  
99 Pond Ave., #604D  
Brookline, MA 02445-7117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/2/2008 5:35:44 PM

Committee on Information Management

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:8/18/2008 11:55:08 AM )*



# Potential Conflict-of-Interest Form

Membership # 365622, Year 2009

**Patricia J. Davidson, M.D.**  
27 Keswick Dr  
New Albany, OH 43054-8075

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/20/2008 2:30:33 PM

Ad Hoc Committee on Smoking Cessation Initiative

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Husband, William Cotton, MD is currently president of the medical staff at Nationwide Children's Hospital in Columbus, Ohio. He is also on a committee for Molina (Medicaid HMO). I am looking at the possibility of being on the board of our state's physician health organization.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/20/2008 2:30:26 PM )*



# Potential Conflict-of-Interest Form

Membership # 380251, Year 2009

**Lawrence J. Roy, M.D.**  
2420 Freeman Manor Dr  
Jones, OK 73049-8747

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 7/15/2009 12:08:47 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Volunteer lobbying for the Oklahoma Society of Anesthesiologist

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/15/2009 12:08:46 PM )*

# Potential Conflict-of-Interest Form

Membership # 402059, Year 2009

**Norman A. Cohen, M.D.**  
Oregon Health & Science Univ. Anes. Dept.  
0841 SW Gaines St # 504  
Portland, OR 97239-2976

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
Signed On: 12/8/2009 7:25:31 PM

Committee on Representation to AMA

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President-elect Oregon Society of Anesthesiologists Director American Society of Anesthesiologists ASA Representative AMA-RVS Update Committee (RUC)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor - Oregon Health and Science of University - renewed June 2008 for July 2008-June 2009 academic year

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA and Oregon Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/8/2009 7:25:30 PM )*



# Potential Conflict-of-Interest Form

Membership # 357191, Year 2009

**Catherine C. Schmidt, M.D.**  
117 Sunset Rim  
Cody, WY 82414

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 11/18/2008 1:39:58 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

My husband and I are shareholders in Northern Wyoming Surgical Center in Cody, WY.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

My husband is on the Board of Directors of Northern WY Surgical Center in Cody, WY.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/18/2008 1:41:51 PM )*



# Potential Conflict-of-Interest Form

Membership # 874103, Year 2009

**Erica J. Stein, M.D.**

Univ. of Pennsylvania, Dept Anesthes.  
3400 Spruce St.  
5th floor Dulles Bldg - Dripps Library  
Philadelphia, PA 19104  
Editorial Board for the Web Site

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/23/2008 2:54:10 PM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/23/2008 2:54:41 PM )*



# Potential Conflict-of-Interest Form

Membership # 699060, Year 2009

**Darin K. Via, M.D.**

Portsmouth Naval Hospital  
27 Effingham St.  
Dept. of Anesthesiology  
Portsmouth, VA 23708-2197

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 10/6/2008 11:42:21 AM

Committee on Uniformed Services and Veterans' Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President, Uniformed Services Society of Anesthesiologists Delegate, Director, ASA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

As s Prof, USUHS

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/14/2008 2:04:12 PM )*



# Potential Conflict-of-Interest Form

Membership # 871638, Year 2009

**Michael J. Oleyar**

Michigan State University College of Osteopathic Medicine  
404 Virginia Ave Apt 6  
Royal Oak, MI 48067-4101

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 10/2/2008 3:31:34 PM

Committee on Residents and Medical Students

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am co-founder and managing member of High Compliance LLC, a company that was started to sell products designed to reduce the transfer of microflora from healthcare workers to patients. The company's only product is a novel hospital gown with patent pending that I co-invented. Currently, the company is not engaged in business activity, has no ongoing business commitments, has no revenue, and provides no income. I do not expect any income from my position with this company during the next couple of years, and I may never see any income as a result of my involvement with the company.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Currently I am President of the Medical Student Section of the Michigan Society of Anesthesiologists. My term is July 1, 2008, to June 30, 2009.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/27/2008 12:46:26 PM )*

ASA Board of Directors  
Conflict of Interest Disclosures 2010

**ATTENDANCE RECORD  
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.  
BOARD OF DIRECTORS**

**March 7, 2010**

QUORUM \_\_\_\_\_ TOTAL SEATED \_\_\_\_\_

Chair, Committee on Credentials

<b>(Voting Members)</b>	President	Hannenber, Alexander A. M.D.
	President-Elect	Warner, Mark A. M.D.
	Immediate Past President	Moore, Roger A. M.D.
	First Vice-President	Cohen, Jerry A. M.D.
	Vice-President for Scientific Affairs	Berry, Arnold J. M.D.
	Vice-President for Professional Affairs	Johnstone, Robert E. M.D.
	Secretary	Boudreaux, Arthur M. M.D.
	Treasurer	Zerwas, John M. M.D.
	Assistant Secretary	Mason, Linda J. M.D.
	Assistant Treasurer	Grant, James D. M.D.

<b>(Members Without Vote)</b>	Speaker, House of Delegates	Abenstein, John P. M.D.
	Vice-Speaker, House of Delegates	Sween, Steven L. M.D.
	Editor-in-Chief, Journals	Eisenach, James C. M.D.
	Chair-Sec. on Annual Meeting	Gross, Jeffrey B. M.D.
	Chair-Sec. on Clinical Care	Martin, Donald E. M.D.
	Chair-Sec. on Education & Research	Tuman, Kenneth J. M.D.
	Chair-Sec. on Professional Practice	Cohen, Norman A. M.D.
	Chair-Sec. on Professional Standards	Maccioli, Gerald A. M.D.
	Chair-Sec. on Society Subspecialties	Vila Jr., Hector M.D.
	Chair-Delegation to AMA	Neeld Jr., John B. M.D.
	Medical Student Component	Phillips, James E.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
ALABAMA	Plagenhoef, Jeffrey S. M.D.	Gosney, Michael C. M.D.
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ARKANSAS	Vollers, J. Michael M.D.	Walker, Brent L. M.D.
CALIFORNIA	Singleton, Mark A. M.D.	Hertzberg, Linda B. M.D.
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CONNECTICUT	Ehrenwerth, Jan M.D.	Gross, Jeffrey B. M.D.
DELAWARE	Kittle, Chris A. M.D.	(Vacant)
DISTRICT OF COLUMBIA	Dombrowski, John F. M.D.	Hannallah, Raafat S. M.D.
FLORIDA	Varlotta, David, D.O.	Jacobs, Jeffrey S., M.D.
GEORGIA	Duke, Peggy G. M.D.	Berry, Arnold J. M.D.
HAWAII	Montgomery, William H. M.D.	Lin, Della M. M.D.
IDAHO	Wood, Matthew J. M.D.	Schmid, Phillip G. M.D.
ILLINOIS	Tuman, Kenneth J. M.D.	Szokol, Joseph W. M.D.
INDIANA	Costello, Gerard T. M.D.	Brandt, Robert W. M.D.
IOWA	Moyers, John R. M.D.	Becker, James L. M.D.
KANSAS	Kindscher, James D. M.D.	Tarver, Stephen D. M.D.
KENTUCKY	Lucas, Linda F. M.D.	Sullivan, Raymond J. M.D.
LOUISIANA	Thomas, Mack A. M.D.	Rosinia, Frank A. M.D.
MAINE	Palman, Gary E. D.O.	(Vacant)
MARYLAND	Kalish, Murray A. M.D.	Walman, Terry. M.D.
MASSACHUSETTS	Entrup, Michael H. M.D.	Philip, Beverly K. M.D.
MICHIGAN	Elmassian, Kenneth D.O.	Pappas, John L. M.D.
MINNESOTA	McGlinch, Brian P. M.D.	Prielipp, Richard C. M.D.
MISSISSIPPI	Brunson, Claude D. M.D.	Keller, Candace E. M.D., M.P.H.
MISSOURI	Arnold, Donald E. M.D.	Saak, Thomas E. M.D.
MONTANA	Schweitzer, Mike P. M.D.	(Vacant)
NEBRASKA	Ellis, Sheila J. M.D.	Peters, K. Reed M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
NEVADA	Zucker, Jonathan R. M.B.	Winthrop, Brett E. M.D.
NEW HAMPSHIRE	Hattamer, Steven J. M.D.	Hunt, Sean E. M.D.
NEW JERSEY	Mirsky, Kenneth I. M.D.	Shander, Aryeh M.D.
NEW MEXICO	Wills, John H. M.D.	Burstrom, Ruth E. M.D.
NEW YORK	Freese, Kenneth J. M.D.	Groudine, Scott B. M.D.
NORTH CAROLINA	Maccioli, Gerald A. M.D.	Moretz, Frank H. M.D.
NORTH DAKOTA	Chatelain, John C. M.D.	Chalasani, Nageswararao M.B.
OHIO	Harter, Ronald L. M.D.	Lawrence, John P. M.D.
OKLAHOMA	Fitch, Jane C.K. M.D.	Cunningham, Jay D. D.O.
OREGON	Cohen, Norman A. M.D.	Anderson, Charles K. M.D.
PENNSYLVANIA	Martin, Donald E. M.D.	Sullivan, Erin A. M.D.
PUERTO RICO	Melendez-Dedos, Andres M.D.	(Vacant)
RHODE ISLAND	Browning, Richard A. M.D.	Cahill, Deborah M.D.
SOUTH CAROLINA	Yeakel, Christopher A. M.D.	Morgan Jr., Robert R. M.D.
SOUTH DAKOTA	Allen Jr., Robert G. M.D.	Lunn, Robert J. M.D.
TENNESSEE	West, James M. M.D.	Worthington, W. Bradley M.D.
TEXAS	Peterson, Mary Dale M.D.	Kercheville, Scott E. M.D.
UTAH	Clayton, Paul N. M.D.	Peterson, W. C. M.D.
VERMONT	Mumford, Joel H. M.D.	Perkins, Frederick M. M.D.
VIRGINIA	Long, Stephen P. M.D.	Work, Granville B. M.D.
WASHINGTON	Dunbar, Peter J. M.D.	Flanery, Mark F. M.D.
WEST VIRGINIA	Skaff, Paul A. M.D.	Graf, David F. M.D.
WISCONSIN	Kettler, Robert E. M.D.	Mesrobian, James R. M.D.
WYOMING	Witzeling, Todd M. M.D.	Weber, Mary B. M.D.

ACADEMIC	Barker, Steven J. Ph.D., M.D.	Tremper, Kevin K. M.D., Ph.D.
RESIDENT COMPONENT	Khan, Farooq A. M.D.	Chambers, Zack W. M.D.
UNIFORMED SERVICES SOCIETY OF ANES.	Kucik, Corry J. M.D.	(Vacant)

May 17, 2009

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Members Only

Membership # 199421, Murray A. Kalish M.D., M.B.A.

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- Change Login
- Professional Profile
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- Directory Search
- Member Benefits
- Annual Meeting Proposals

Conflict Of Interest



## 2010 Potential Conflict-of-Interest Form (Step 1 of 2)

Murray A. Kalish M.D., M.B.A.  
 Johns Hopkins - ACCM  
 7102 Rockland Hills Dr  
 Baltimore, MD 21209-1113

Committee on Information Management  
 Committee on Governmental Affairs  
 Committee on Critical Care Medicine

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?
 

No  Yes

If "Yes", Please list the name of each business and the type of goods or services involved:
  
2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?
 

No  Yes

If "Yes", Please describe the nature and status of the legal action:
  
3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?
 

No  Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:
  
4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any health care business, organization or health-related professional society (or do you, or a family member, anticipate becoming so involved within the next 12 months)?
 

No  Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:  
 President, Maryland State Medical Society: September, 2009 to September, 2010 (also, member Board of Trustees plus all committees).  
 Director, Maryland Society of Anesthesiologists; member, Maryland EMS Board; chair, Maryland Statewide EMS Advisory Council;  
 wife, Michele: Co-President, Maryland State Medical Society Alliance (6/09-6/10)
  
5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any non-health care business, organization or society?
 

No  Yes If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:
  
6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?
 

No  Yes If "Yes", Please list the name of each institution, position held and term of appointment:
  
7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?
 

No  Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:  
 As President of the Maryland State Medical Society, I will be lobbying in Annapolis, Maryland and meeting with Maryland's Congressional Delegation. I will also be meeting with insurance companies, elected Maryland officials. For the AMA, I may be meeting with Maryland's Congressional Delegation.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No  Yes

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No  Yes

If "Yes", Please describe your political activities:

lobbying for the organizations, I represent in the state of Maryland (physicians, EMS, etc.)

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No  Yes

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No  Yes

If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

I, Murray A. Kallish M.D., M.B.A., hereby sign this "Statement of Compliance".

[ Next ]

Please direct all inquiries regarding the Potential Conflict-of-Interest Form to: [s.cincotti@asahq.org](mailto:s.cincotti@asahq.org).

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# Potential Conflict-of-Interest Form

Membership # 305471, Year 2010

**Alexander A. Hannenberg, M.D.**

Newton-Wellesley Hospital  
Anesthesia Department  
2014 Washington Street  
Newton, MA 02462

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 7/9/2009 7:19:49 PM

President's Council on Executive Office Oversight

## Disclosure of Affiliations

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Commonwealth Anesthesia Associates, single specialty medical group, Newton MA

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

FAER APSF Newton Wellesley Physician Hospital Organization

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor, Tufts University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/9/2009 7:19:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 305427, Year 2010

**Mark A. Warner, M.D.**

Mayo Clinic College of Medicine  
Department of Anesthesiology  
200 First Street, SW  
Rochester, MN 55905-0001

President's Council on Executive Office Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 11/29/2009 10:24:32 AM

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

American Board of Anesthesiology, Director (October 2010 end date) Anesthesia Patient Safety Foundation, Board and Executive Committee member (2012 end date) Foundation for Anesthesia Education and Research, Board and Executive Committee member (2012 end date) ASA (several roles) through October 2012 Minnesota Society of Anesthesiologists, Executive Board member (through 2012) Mayo Clinic, Member of Executive Board through 2010) Wife, Dr. Mary Ellen Warner, president of Wood Library Museum (through 2011) Wife, Dr. Mary Ellen Warner, alternate delegate, ASA (via MN Society through 2010)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Rochester Airport Company, member (through 2012) Rochester Airport Commission, member (through 2012)

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor, Department of Anesthesiology, Mayo Clinic (hopefully until retirement, and then Professor Emeritus status) Dean, Mayo School of Graduate Medical Education (end-point undetermined at this time)

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

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No

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#### **Statement of Compliance**

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*( signed on:11/29/2009 10:24:32 AM )*



# Potential Conflict-of-Interest Form

Membership # 248550, Year 2010

**Roger A. Moore, M.D.**

Deborah Heart & Lung Center  
Deborah Heart & Lung Center  
435 E Camden Ave  
Moorestown, NJ 08057-2237

President's Council on Executive Office Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

Signed On: 5/15/2009 6:50:50 PM

## Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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- 1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

My wife does consultations for B&D but it is not anesthesia related

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I am a clinical Associate Professor at UMDNJ

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

ASA Lobbying

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

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**Statement of Compliance**

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*( signed on:5/15/2009 6:50:50 PM )*



# Potential Conflict-of-Interest Form

Membership # 204204, Year 2010

**Jerry A. Cohen, M.D.**

Univ. of Florida College of Medicine  
Box 100254  
Gainesville, FL 32610-0254

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 6/26/2009 10:07:16 PM

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

FSA and ASA Board of Directors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Florida

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

On behalf of FSA and ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/26/2009 10:07:15 PM )*



# Potential Conflict-of-Interest Form

Membership # 224370, Year 2010

**Arnold J. Berry, M.D.**  
Emory University  
30 Battle Ridge Dr NE  
Atlanta, GA 30342-2451

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/17/2009 9:20:25 PM

Committee on Professional Education Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...