

You are currently impersonating **COI COI**. All changes made during this session will be recorded as this user. [Click here to log back in to your account.](#)

**My Information**

The Academy of Nutrition and Dietetics ("Academy") wishes to avoid possible conflict of interest involving its members of an Academy board, committee, task force and/or EAL project workgroup member ("Group") as defined by state and federal law, in accordance with the Academy Conflict of Interest Policy currently in effect (pdf). The Board asks for you to continually be cognizant of fiduciary duties to the Academy arising out of their positions of confidence within the organization, in accordance with the Academy Conflict of Interest in effect. Therefore, please complete the following. Thank you.

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Professional Credentials	<input type="text"/>	* Address 1:	<input type="text"/>
Address 2:	<input type="text"/>	* City:	<input type="text"/>
* State:	<input type="text" value="Select State"/>	* Zip/Postal Code:	<input type="text"/>
* Country	<input type="text"/>	* Phone:	<input type="text" value="XXX-XXX-XXXX"/>
* Email:	<input type="text" value="name@domain.com"/>		

Please read and check each box

- \*  I acknowledge that I have been appointed to perform certain services for or on behalf of the Academy. Those services require objectivity, credibility, the avoidance of actual or appearance of external influence, the absence of a conflict with Academy positions or statements.
- \*  I am aware of the need to disclose any facts or circumstances that might create the appearance of a conflict with these standards.
- \*  I agree to disclose any companies, organizations or enterprises from which I receive compensation or with which I have an ongoing relationship and which are relevant to the Group(s) of which I am a member.
- \*  I understand, and agree to, recuse myself from participating in any Group work where there is a potential for conflict of interest.
- \*  I understand that if I refuse to complete this form, I will be disqualified or removed from the Group.
- \*  I agree that this Disclosure Statement may be made public or shared with any Academy member or interested party.
- \*  I agree to update this form within 30 days after I establish any new financial relationships that could represent a potential conflict of interest.
- \*  I hereby certify that, to the best of my knowledge, no aspect of my personal or professional circumstances or that of my immediate family, within the last 5 years, places me in the position of having private interest that is in conflict with any material interest of the Academy Group or with my obligations to the Group except for the following:

A. List employment with companies within the last **5 years** (list the most current first.)

* Company Name	Your Title	Start Dates	End Dates	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="button" value="Add Employment"/>				

B. Provide the information requested below if applicable within the last **5 years** related to the Academy Group topic

Type	Explanation
Principal Investigator or Co-Investigator on Grants / Research on the Academy group topic	<input type="text"/>
Consultant on Academy Group topic	<input type="text"/>

Type	Explanation
Participation in review activities for the Academy Group topic	<input type="text"/>
Writing or reviewing a manuscript on the Academy or Group topic	<input type="text"/>
Leadership role or membership in organizations related to the Academy Group	<input type="text"/>

C. List publications (articles or books) that you have authored or co-authored within the last **5 years** related to the Academy Group topic

Journal/Publication	Date	Volume/Issue	Pages	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="button" value="Add Publication"/>				

D. List publications (blogs or other website postings) that you have authored or co-authored within the last **5 years** related to the Academy Group topic

Title	URL	Date	Comments	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="button" value="Add Blog"/>				

E. Provide the information requested below if applicable within the last **5 years** related to the Academy Group topic

Type	None	Money Paid to You (over \$5,000)	Paid to your spouse (over \$5,000)	Payor
* Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Expert Testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* PI or Co-PI on Grants/Grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Lectures including service on speakers bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Editor, Author or co-author of book on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Payment for development of educational presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Stock/Stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Travel, accommodations, meeting expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

e-Signature

Signature

