AAN/AANI Policy on Conflicts of Interest

Please read this carefully as there are new requirements and major changes on this form.

The Boards of Directors of the American Academy of Neurology (AAN) and American Academy of Neurology Institute (AANI) have adopted a Policy on Conflicts of Interest, which requires all elected officers, presidential appointees, and designated others to complete this Disclosure Statement. This Disclosure Statement will be reviewed in accordance with the process described in the Policy on Conflicts of Interest.

Elected officers and presidential appointees will be requested to annually update this Disclosure Statement. However, this Disclosure Statement should be promptly updated and re-submitted if any answers provided in the Statement are no longer correct.

Relationship Disclosure

The following questions address financial interests or other relationships in which you or members of your immediate family have received compensation for such things as salaries, ownership, equity positions, stock options, royalties, consulting fees, expert witness fees, honoraria for speaking, grants, research support, materials support, speakers bureau fees, advisory board fees, editor-related fees, royalties, or related financial arrangements. For the purpose of this Disclosure Statement, "personal compensation" includes money or payments in kind.

Friday, March 17, 2017 at 5:57 PM

1. Within the past year did you receive, or in the next year do you anticipate receiving, personal compensation from any commercial entity (for-profit business) for employment, consulting, serving on a scientific advisory board, speaking, or other activities? If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:

   Yes

   Cytokinetics Publication Steering Committee GLG consultant Guidepoint Global consultant MT Pharma consultant Sarepta Medical Advisory Board Cytokinetics consultant Mallinckrodt - DSMB Member NIH - DSMB Member

2. Within the past year did you receive, or in the next year do you anticipate receiving, personal compensation for serving as a journal editor, associate editor, or member of an editorial advisory board? This may include a journal published by your national medical/scientific organization. If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:

   No
3. *Within the past year did you receive, or in the next year do you anticipate receiving, any type of compensation, including stock, stock options or expense compensation for serving on a board of directors for a commercial entity (for-profit business)? If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:*

   **No**

4. *Within the past year did you receive, or in the next year do you anticipate receiving, license fee payments, royalty payments or contractual rights to receive future royalty payments from technology, or inventions that have been licensed or sold? If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:*

   **No**

5. *Within the past year did you or any of your immediate family hold, or in the next year do you anticipate holding, stock or stock options greater than five percent of the company or greater than $10,000 in value (whichever dollar value is lowest) in a company sponsoring research with which you were involved as an investigator? (This excludes investments in mutual funds held by you or your dependents.) If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:*

   **No**

6. *Within the past year did you or any of your immediate family hold, or in the next year do you anticipate holding, stock or stock options greater than five percent of the company or greater than $10,000 in value (which ever dollar value is lowest) in a company whose medical equipment or other materials related to the practice of medicine? (This excludes investments in mutual funds held by you or your immediate family.) If yes, describe the relationship(s), including the name of the commercial entity and the type of relationship:*

   **No**

7. *Within the past year did you receive, or in the next year do you anticipate receiving, research support from any commercial entity? If yes, list the name of the sponsor(s) and the type of project supported (This excludes investments in mutual funds held by you or your dependents.)*

   **Yes**
8. **Within the past year did you receive, or in the next year do you anticipate receiving, personal compensation for litigation consultations, expert witness testimony (including the preparation of an affidavit), or medical record review? If yes, describe the professional services.**

No

9. **Within the past year did you receive, or in the next year do you anticipate receiving, grants, personal compensation or any other support for federal foundation, patient advocacy or other for-profit or nonprofit entity? If so, describe the grants, compensation or support.**

No

**ALSA - clinic support MDA - clinic support**

Comments:

11. **Has your professional license or registration ever been terminated, stipulated, restricted, limited, conditioned, suspended, revoked, refused, voluntarily relinquished, or not reviewed by any licensing board or any health-related agency organization, or is there a review pending?**

12. **Has your professional license or registration ever been investigated or is it currently being investigated and, if so, what were the results?**

13. **Has your DEA registration ever been revoked, suspended, limited, or conditioned in any way, or have you voluntarily relinquished your DEA registration, or is there a review pending?**

14. **Has your membership, participation, clinical privileges, or employment ever been denied, terminated, stipulated, restricted, refused, limited, suspended, revoked, or now renewed by any peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization, or is there a review pending?**
15. Have you ever voluntarily relinquished your membership, participation, clinical privileges or request for privileges, employment, professional license, or registration in lieu of disciplinary action, or prior to or during an investigation into your professional conduct or competency?

16. Have you ever involuntarily relinquished your membership, participation, clinical privileges or request for privileges, employment, professional license or registration?

17. Has your membership or fellowship in any professional organization or your specialty board certification ever been voluntarily or involuntarily denied, terminated, restricted, limited, suspended or revoked?

18. Have you ever been reprimanded, censored, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with any licensing board, peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization?

19. Has your certificate or participation in any private, federal (i.e., Medicare, Medicaid, etc.) or state health insurance program ever been revoked or otherwise limited or restricted, or is any investigation or proceeding with respect to any such action presently underway?

20. Are there any charges pending or are you currently charged with or have you ever pled guilty, been indicted or found guilty of a felony, gross misdemeanor, misdemeanor (other than a minor traffic violation), or other offense?