



APTADC, Inc Conflict of Interest Policy and Procedure

Purpose

The purpose of the following policy and procedure is to prevent the personal interest of staff members, officers, board members and volunteers from interfering with the performance of their duties in the APTADC (Chapter) or its affiliated organizations, or result in personal financial gain, professional, or political gain on the part of such persons at the expense of the Chapter, its affiliated organizations, its members, supporters and/or other stakeholders.

Definitions

1. Interested Person

Any director, principal officer, or member of a committee with board delegated powers who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business investment or family--

- a. an ownership or investment interest in any entity with which the APTADC has a transaction or arrangement, or
- b. a compensation arrangement with the APTADC or with any entity or individual with which the Foundation has a transaction or arrangement, or
- c. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the APTADC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate board or committee decides that a conflict of interest exists.

Policy and Practices

1. The Chapter will follow the American Physical Therapy Integrity in Serving the Association HOD Y06-02-28-50.

2. A copy of this policy and the Chapter's approved disclosure form shall be given to all members or employees of the Association in a position with the Chapter to exert influence on policy or decisions of the section. The persons required to sign this form include, but not limited to, the board of directors, officers, and staff employed by the Chapter.
3. All persons meeting the above criteria must review and sign the approved disclosure form when they begin their term of service or whenever business and personal circumstances might change their status under this policy. By signing the disclosure form each person affirms:
 - a. Has received a copy of the Conflicts of Interest Policy
 - b. Has read and understands the policy
 - c. Has agreed to comply with the policy
4. Violations of the Conflicts of Interest Policy
 - a. If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
 - b. If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
5. The secretary will be responsible for the keeping records on compliance with this policy.



**APTADC
Conflict of Interest Disclosure Form**

The purpose of this disclosure is to prevent the personal interest of staff members, officers, board members and volunteers from interfering with the performance of their duties in the APTADC (Chapter) or its affiliated organizations, or result in personal financial gain, professional, or political gain on the part of such persons at the expense of the Chapter, its affiliated organizations, its members, supporters and/or other stakeholders.

I, _____, hereby state that I have no conflicts of interest through my business or personal responsibilities or history that would interfere with sound judgment or decisions while performing the duties assigned to my appointed, elected or hired position in the Chapter.

Policy and Practices

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_____ I have no conflict of report

_____ I have the following of conflict interest to report (please specify)

The undersigned, by their affixed signatures, note their understanding of the implications of this policy. This form must be filed annually by all specified parties, as identified in the APTADC Conflict of Interest Policy Statement ratified by the Board of Directors on _____.

Signature

Printed Name

Date

APTA CONFLICT OF INTEREST POLICY (BOD 06-08-01-02) [Policy]

The American Physical Therapy Association (APTA) is committed to conducting all of its activities in accordance with the highest ethical standards. The Board has adopted this Conflict of Interest Policy to implement that commitment and to provide guidance to Covered Persons. The attached Glossary defines certain terms used in this Policy. This Policy is intended to supplement but not replace any applicable laws or other APTA policies. In case of any conflict between this Policy and a more specific APTA policy the more specific policy shall control.

Conflict

A Covered Person shall not exercise decision-making authority with respect to any decision by the APTA

- (i) to buy goods or services from,
- (ii) to sell goods or services to,
- (iii) to award a grant to, or
- (iv) to endorse goods or services offered by

the Covered Person or a company/party in which the Covered Person (or a Related Person) has a Substantial Interest.

In case of any such conflict, the Covered Person shall disclose his/her interest and shall refrain from participating in the decision. He/she shall not participate in or be present during deliberations or discussion prior to the making of the decision, except to the extent requested by his/her colleagues. He/she shall not be present when the colleagues make the decision or participate in making the decision.

Disclosure of Interests

Each Covered Person shall complete and sign, at least annually, a statement attesting that he/she has read and understands this Policy and disclosing whether he/she (or a Related Person) has a Substantial Interest in any company/party that appears on the Major Vendors List.

Gifts

A Covered Person shall not accept gifts from a company/party that sells goods and services to the APTA or is interested in doing so. However, a Covered Person may accept occasional non-cash gifts provided that they (i) are consistent with customary business practices, (ii) are not excessive in value, and (iii) could not reasonably be construed as a bribe or kickback. A Covered Person must report any such gift to his/her Supervisor.

Procedures

Covered Persons each year will sign a statement attesting that they have read this Conflict of Interest Policy and disclosing any Substantial Interest in a company/entity on the Major Vendors List.

A copy of this Policy shall be included in the orientation materials for newly-elected Board members and shall be given to staff members who become Covered Persons.