



International Association for
the Scientific Study of Intellectual
and Developmental Disabilities

**Annual Conflict of
Interest Statement
2015**

1) Name: _____ Date: _____

2) Position (check all that apply)

- Member of Council Member of Council Executive Member of Academy Board
- Member of SIRG Executive (name SIRG: _____)
- Member of Committee (name Committee: _____)
- Journal Editor

If you are an Officer, which Officer position do you hold: _____

3) I affirm the following:

I have received a copy of the IASSIDD Conflict of Interest Policy. _____ (initial)

I have read and understand the policy. _____ (initial)

I agree to comply with the policy. _____ (initial)

I understand that IASSIDD is a charitable organization and in order to maintain its US federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. _____ (initial)

4) Disclosures:

a) Do you have a financial interest (current or potential), including a compensation arrangement with IASSIDD, as defined in the Conflict of Interest policy? Yes No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes No

b) In the past, have you had a financial interest, including a compensation arrangement with IASSIDD, as defined in the Conflict of Interest policy? Yes No

i. If yes, please describe it, including when (approximately): (use back of form if needed)

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes No

Date: _____ Signature: _____

For Office Use

Date received at Secretariat: _____

Date of Review by Council Executive: _____