



ANNA
American Nephrology
Nurses Association

Policy & Procedure Addendum 2.04A
Reviewed/Updated 8/24
Bylaws & Review Committee 8/24
BOD Reviewed/Approved 9/24
DEI Reviewed 2022-23
Substituted for 12/22
Original Date 2/10

POLICY & PROCEDURE ADDENDUM

CONFLICT OF INTEREST DISCLOSURE STATEMENT – VOLUNTEER LEADER

Your Name _____

Your Volunteer Position in ANNA _____

Term of Your Position _____

In accordance with Policy & Procedure 2.04, *Conflict of Interest Policy*, adopted by the Board of Directors (BOD), it is required for your position in the American Nephrology Nurses Association (ANNA) that you complete this disclosure statement. This disclosure statement is confidential. Statements will be kept on file for five (5) years in the American Nephrology Nurses Association (ANNA) National Office.

Please refer to Policy & Procedure 2.04, *Conflict of Interest Policy*, for definitions of the following eight (8) categories where a potential conflict of interest may exist. Respond for yourself and your family members.

Potential Conflict of Interest	Volunteer Leader		Family Members	
1. Is a party to a contract or involved in a transaction with ANNA for goods or services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has a material financial interest in a transaction between ANNA and an entity in which they, or their family member, is a director, officer, agent, partner, associate, employee, trustee, personal representative, receiver, guardian, custodian, or other legal representative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Could use information acquired through positions held with ANNA for personal, employer, or other third party profit or gain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Potential Conflict of Interest	Volunteer Leader		Family Members	
4. Participates in any activity that provides personal gains or is in opposition to, detracts from, or in some manner could become detrimental to ANNA as delineated in the Mission Statement, Constitution and Bylaws, Policy and Procedure Manual, and official ANNA Position Statements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is employed, or has a family member employed by, or is an Officer or Director of a company with which ANNA collaborates or conducts business.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Possesses material financial interest or other proprietary interest or has a family member with such interest in a company with which ANNA collaborates or conducts business.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Serves on the Editorial Board of another journal in the field of nephrology nursing which competes with ANNA for editorial or economic support, or on a program planning committee for an organization/conference that competes with ANNA for attendance, content, and/or corporate support.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Serves on the BOD, governing body, or the Executive Committee of any organization that is in conflict with ANNA's Constitution and Bylaws, Policies and Procedures, Strategic Initiatives, or official Position Statements; or is in competition with ANNA for membership and/or economic support.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **YES** to any of the eight (8) categories above, proceed below to provide an explanation.

If you answered **NO** to all eight (8) categories, please sign the statement below:

I hereby declare that I have read and understand the attached ANNA Policy & Procedure 2.04, *Conflict of Interest Policy*. At this time, I do not have any conflict of interest or potential conflict of interest to disclose as delineated in ANNA Policy & Procedure 2.04, *Conflict of Interest Policy*. I will update this disclosure statement annually or whenever a potential or real conflict arises.

DATE SIGNATURE PRINT NAME

DATE REVIEWER PRINT NAME

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PRINT NAME

PRINT NAME