

NCCPA – PA History Society Disclosure Questionnaire

The National Commission on Certification of Physician Assistants (NCCPA) believes all of its directors, officers, NCCPA Supporting Organizations (PA History Society & nccPA Health Foundation), Committee members, and employees should deal with customers, agents, suppliers and all other persons doing business with NCCPA without any interference or preference based on personal considerations. In order that NCCPA's records may be clear in this respect, please fill out this questionnaire and return it promptly to the President/CEO. For purposes of this Disclosure Questionnaire, a "close relationship" means any relationship where your interests in preserving the relationship or supporting a benefit to the other person could reasonably affect the independence of your judgment on behalf of NCCPA/PA History Society.

Ongoing relationships and issues, even if previously reported and addressed, should be reported every year in the appropriate category.

In responding to these questions, please note that a "yes" answer does not imply that the relationship or transaction is necessarily inappropriate.

1. Are you or is any close relative of yours or any member of your household, romantic partner, or any other individual with whom you have a close relationship an officer, director, or Trustee, hold any other position of responsibility in any corporation or other enterprise with which NCCPA/PA History Society has business dealings?

Yes _____ No _____

If "yes," please list your name or the names of such relatives, members of your household, romantic partner, or any other individual with whom you have a close relationship and of such corporations or enterprises, the positions held and the approximate dollar amount of business involved with NCCPA/PA History Society last year.

2. Do you, or does any close relative or member of your household, romantic partner, or any other individual with whom you have a close relationship own stock or have a business, professional, or financial interest in any entity which could be affected by a decision or action of NCCPA/PA History Society or with a direct competitor of such an entity?

Yes _____ No _____

If "yes," please supply the following information:

(a) Names of the entities in which such interest is held and the person(s) by whom such interest is held:

(b) Nature and, if applicable, amount of each such business, professional, or financial interest:

3. Have you or, to your knowledge, has any close relative, member of your household, romantic partner, or any other individual with whom you have a close relationship accepted a payment (other than reimbursement for expenses), gift or anything else of value greater than \$250 during the past year from any NCCPA Participating Organization (i.e., AAPA, PAEA, AMA, AOA or FSMB), any PA organization, or any other entity or person that could be affected by a decision or action of NCCPA/PA History Society or from a direct competitor of such an entity?

Yes _____ No _____

If "yes," please list the names of such relatives, members of your household or romantic partner and of such person, company, partnership or other enterprise; the nature of the gift or payment; and the approximatedollar-value of each such item.

4. Do you hold any volunteer or leadership roles (i.e., officer, director, committee chair, committee member, etc.) in other PA organizations?

Yes _____ No _____

If "yes," please list each role and identify possible conflicts of interest:

5. Do you hold any volunteer or leadership roles (i.e., officer, director, committee chair, committee member, etc.) in other NCCPA Participating Organizations (AMA, AOA or FSMB)?

Yes _____ No _____

If "yes," please list each role and identify possible conflicts of interest:

6. Are you involved in the planning, teaching or promotion of any review course designed to prepare PAs for an NCCPA exam?

Yes _____ No _____

If "yes," please describe:

7. Were you involved in any other activity during the past year that might be interpreted as a possible conflict of interest?

Yes _____ No _____

If "yes," please describe:

8. Are you aware of any issue before the NCCPA/PA History Society that may produce a Board action that could result in a financial or other material benefit or harm to you, a close relative, a close friend, member of your household, a romantic partner, any other individual with whom you have a close relationship, or any entity in which you have a business, professional, or personal interest (including an employer)?

Yes _____ No _____

If "yes," please list the names of such persons or entities, identify the issue, and describe the nature of its potential impact.

9. Are you aware of any other issue or relationship that may raise a conflict of interest or the appearance of a conflict of interest in connection with your service as a director, Trustee or Committeemember of NCCPA/PA History Society?

Yes _____ No _____

If "yes," please describe:

To assure full disclosure of potential conflicts of interest so that such situations may be ethically resolved, and to ensure that NCCPA/PA History Society is aware of the elimination of a potential conflict of interest situation, I hereby assume the duty of notifying the President/CEO and Board President in writing of any additions to, deletions from, or modifications of the above information whenever any conflict or potential conflict of interest arises.

Further, I certify that the foregoing information is true and complete to the best of my knowledge.

Signature

Print Name

Date: _____

Adopted: February 2014

Last Revised: September 2022