

# NANN CONFLICT OF INTEREST POLICY & VOLUNTEER DISCLOSURE FORM

## CONFLICT OF INTEREST POLICY

Nationally elected officials, and other individuals with discretionary authority acting on behalf of NANN (collectively "Individuals") shall be made aware of and conform to the following policies. Individuals shall use their best efforts to avoid any actual or apparent conflict of interest or unauthorized representation of NANN. Conflict of interest is defined as, but not limited to, activities that oppose, detract from, or in some manner could become detrimental to NANN or activities involving NANN in which the individual has a personal or financial interest.

1. No individual has the authority to act on behalf of NANN except with such authority as is outlined in the bylaws, approved policies, or approved by the board of directors, president or executive director.
2. No individual is authorized to use the NANN name or logo or any terminology implying NANN sponsorship or endorsement without prior approval of the board of directors, the executive committee, when applicable, or executive director.
3. Any board member or members of his/her immediate family having any interest that might influence or affect his/her decision in any matter presented to the board of directors shall disclose his/her interest in such matter. Such disclosure shall be entered in the minutes of the meeting. Such board member shall not participate in any discussion thereof (unless such participation is requested by the board of directors) and shall abstain from voting thereon.
4. Any individual other than a board member having any interest that might influence or affect his/her decision in any matter relating to NANN shall disclose his/her interest in such matter to the president or board. Such individual shall not participate in any decision regarding that matter
5. Transactions involving interested Individuals, including board members, should not be approved unless the following facts are established, as reflected in the minutes of the meeting of the board:
  - a. NANN is entering into the transaction for its own benefit;
  - b. The transaction is fair and reasonable to NANN at the time NANN enters into the transaction, and NANN's financial obligation shall not exceed fair market value or price;
  - c. Prior to consummating the transaction or any part thereof, the board has authorized or approved the transaction in good faith. This action is done by a vote of a majority of the directors then in office *without counting the vote of any interested board member or members*, and with the knowledge of the material facts concerning the transaction and the individual's interest in it; and
6. The undersigned shall not accept or seek from any person or entity conducting or interested in conducting business with NANN a gratuity, favor, loan, or gift greater than nominal value beyond common courtesies usually associated with accepted business practice.

## VOLUNTEER DISCLOSURE FORM

To assist NANN/NANNP in determining the potential for conflicts of interest, please complete the following section. Your responses should reflect your current activities and involvement and known activities and involvement that will be occurring over the next two years.

1. Do you, your spouse or a close member for your family have, or have you had any type of financial relationship, agreement, employment, investment, consulting contract, grant, or any other type of relationship, whether informal or contractual, with any companies that manufacture products used in neonatal care, or any companies or organizations currently having, or soliciting a business relationship with the National Association of Neonatal Nurses or the National Association of Neonatal Nurse Practitioners?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details as follows:

<b>Relationship:</b>	<b>Name of Company/Organization:</b>
<input type="checkbox"/> Research grant or support:	_____
<input type="checkbox"/> Speakers Bureau:	_____
<input type="checkbox"/> Consultant:	_____
<input type="checkbox"/> Advisory Board	_____
<input type="checkbox"/> Shareholder:	_____
<input type="checkbox"/> Agent:	_____
<input type="checkbox"/> Employee:	_____
<input type="checkbox"/> Director:	_____
<input type="checkbox"/> Other Financial Support:	_____

2. Please list all volunteer appointments, elected positions or affiliations that you currently hold or will hold over the next two years with other organizations outside of NANN/NANNP:

<b>Position:</b>	<b>Name of Organization:</b>	<b>Term of Service:</b>

I represent that the information reported above is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that failure to complete this Disclosure Form when so requested will automatically disqualify me from participating in volunteer activities within NANN/NANNP.

I have also read, understand, and support the above conflict of interest policy. I will direct any inquiries or concerns not specifically addressed in this policy statement to the NANN board prior to participating in any association or performing any act that may be considered as a potential or possible cause of conflict of interest to NANN/NANNP. I agree to keep confidential information that I acquire in my capacity as a NANN/NANNP volunteer unless disclosure is authorized by NANN/NANNP or if information is first disclosed to the public by NANN/NANNP. If I have any questions about the confidential nature of information or issues, I will consult with the president or executive director. I hereby assign to NANN/NANNP all rights in work products produced by NANN/NANNP as a volunteer.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please retain a copy of this form for your records and return to:

Claire Bunschoten  
National Association of Neonatal Nurses  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631  
cbunschoten@nann.org