

**The Methodist Hospital  
Continuing Pharmacy Education  
Conflict of Interest Questionnaire**

The Methodist Hospital System Board of Directors, members of Methodist's subsidiary Boards, members of the medical staff of each Methodist entity, Methodist employees, and outsourced members of Methodist's workforce have ethical, legal and fiduciary obligations to ensure decision making and other actions taken within the scope of their position or association with Methodist are made objectively and solely for the benefit of Methodist's mission.

Please answer each question. Mark an X in the box next to None, if you do not have a reportable disclosure. To provide a full explanation of any reportable disclosure, please supplement with additional pages or use the space on the back of this form, if necessary.

1. **Material Financial Interests\*** Describe any relationship you or an immediate family member (spouse or dependent child) has with a corporation, association, regulatory authority or other entity with whom Methodist has a current or potential business relationship or which is a current or potential competitor of Methodist, and which could result in a material financial or other benefit to you or your immediate family. Examples include, but are not limited to:

- Vendors, including but not limited to pharmaceutical companies, device manufacturers and distributors, software companies, and billing companies.
- Other health care providers, including but not limited to specialty hospitals, ambulatory surgery centers, and durable medical equipment suppliers.

*\* Material financial interests include, but are not limited to:*

- *Material investment (5% or more of publicly traded stock, but not if by means of a mutual fund or other "blind" investment device);*
- *Service on a governing body;*
- *Employment;*
- *Fees for consulting, research or product evaluation;*
- *Other financial arrangements.*

For every relationship disclosed, please provide the name of the corporation, association, etc. and, as applicable, the position held and the type and amount of financial interest.

( ) None

2. **Gifts and Gratuities** Describe any gift, award, travel, hospitality, service or other benefit valued at \$300 or more in the past twelve months that you or an immediate family member (spouse or dependent child) have received from a current or potential Methodist vendor or competitor. Vendors include but are not limited to pharmaceutical companies, device manufacturers and distributors, software companies, and billing companies. Please list the name of the vendor or competitor and describe the type and amount of any gift or other item.

( ) None

3. **Outsourced Member of Management** If you are an employee of an outside company serving in a management role at a Methodist entity, provide the name of that outside company. How do you manage this relationship with respect to discussions and decisions by this outside company that may impact Methodist, or *vice versa*?

( ) I am not an employee of an outside company serving in a management role at Methodist.

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4. **Outside Boards** If you are a member of a Board of an entity that is a competitor of Methodist or may be doing business with Methodist, provide the name of that outside Board. How do you manage this relationship with respect to discussions and decisions by this outside Board that may impact Methodist, or *vice versa*?

( ) I am not a member of an outside Board that is a competitor of Methodist or may be doing business with Methodist.

5. **Other Interests** Describe any other interest or matter that you or a family member have which could be interpreted as a possible conflict of interest, divided interest, or divided loyalty. Examples include, but are not limited to:

- Honoraria, fees, or payment of travel or other expenses received for speaking engagements;
- Endorsement of a product or service;
- Membership on boards of corporations with whom Methodist does business;
- Membership on boards of Methodist's Community Benefit program recipients;
- Family business or political or community affiliations that might reasonably cause a third party to question your objectivity;
- Family member(s) compensated by or working for Methodist.

( ) None

By signature below, I certify that all of my answers to the foregoing questions are true and correct to the best of my personal knowledge. I agree to report to the Continuing Education Administrator any activity or relationship that would change my responses to the foregoing questions within 60 days.

I have read the current Methodist Conflict of Interest Policy (Business Practices Policy BP08). I understand and agree to comply with this policy.

Furthermore, I understand that as a charitable organization, Methodist and its subsidiaries must engage primarily in activities that accomplish one or more of its tax-exempt purposes in order to maintain its tax-exempt status.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Please return this completed and signed questionnaire to Julie Won, 6565 Fannin DB1-09  
Houston, TX 77030, or fax to 713-441-1225.**