

## Universal Disclosure of Interests and Affiliations Form

**Started:** Monday, September 17, 2018 1:41:07 PM  
**Last Modified:** Monday, September 17, 2018 1:46:27 PM

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**Q1 NAME:** Jeffrey Selzer, MD

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**Q2** List any business or any organization that you or an immediate family member have an interest in that has provided goods or services to ASAM within the last 3 years, or that you expect to provide within the next 1 year, describe the relationship and the level of interest [refer to definitions on page 1].

None

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**Q3** List any business or organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest [refer to definitions on page 1].

None

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**Q4** List organizations and your role for which you serve as an officer, trustee or director of, or are involved in public representation and advocacy (including lobbying) on behalf of any organization other than ASAM or an ASAM Chapter.

Medical Society of the State of New York.  
New York State Psychiatric Association

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**Q5** Please indicate below if you or an immediate family member have any interest that derives from service/status as an officer, trustee, director, proprietor, partner, (full or part-time) employee, grant recipient, or consultant for any health care or health-related business or organization.

None

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**Q6** Please list below any interests, affiliations, arrangements or relationships that you or your immediate family members have that could lead to questions about your motives in connection with your work on behalf of ASAM if such interest were made public.

None

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**Q7** List all sources of your professional income (e.g., private practice; consultation; employment by a clinic, HMO, hospital, medical school, etc.). For each source, list the entity, briefly describe the work you do and the percentage of your income.

Committee for Physician Health (Medical Director of state physician health program,80% of income)

Northwell Health (Director of employee assistance program for medical staff members, 20% of income)

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**Q8** Please indicate below any relationships within the last 12 months that could be relevant to the topics or issues addressed in or implicated by ASAM's policy statements.

None

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**Q9** Indicate financial relationship you or your spouse have with a commercial interest [review definition on page 1] within the past 12 months. Please list company, what was received, whether it was significant or modest interest, and for what role. (Example: ABC company, received modest honoraria for speaking at conference)

None

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**Q10** Please indicate below any a) civil judgments (excluding medical malpractice), b) licensure revocations or suspensions, c) arrests, indictments, or convictions for any criminal offenses, or d) disciplinary actions by any medical board or medical society currently pending against you or on record within the past ten years.

None

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**Q11** Please describe any other information you believe is important to disclose.

None

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