

1) 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.

Have you any interest to disclose?	Yes
For whom are you disclosing?	Self
Name the Business/Organization for which you are disclosing.	Georgia Professionals Health Program, Inc
Level of Interest <i>Refer to definitions above</i>	Significant
Please describe the Interest -----	Salary
For whom are you disclosing?	Self
Name the Business/Organization for which you are disclosing.	Earley Consultancy, LLC
Level of Interest <i>Refer to definitions above</i>	Significant
Please describe the Interest -----	Principal with Salary
For whom are you disclosing?	Self
Name the Business/Organization for which you are disclosing	DynamiCare Health, Inc.
Level of Interest <i>Refer to definitions above</i>	Significant
Please describe the Interest Please list any additional 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 level of interest in the text box below:	Salary and Stock

2) 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.

Have you any interest to disclose? No
For whom are you disclosing?
Name the Business/Organization for which you are disclosing.

Level of Interest

Refer to definitions above

Please describe the Interest

For whom are you disclosing?

Name the Business/Organization for which you are disclosing.

Level of Interest

Refer to definitions above

Please describe the Interest

For whom are you disclosing?

Name the Business/Organization for which you are disclosing

Level of interest

Refer to definitions above

Please describe the Interest

Please list any additional 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 in the text box below:

3) 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.

Name of Organization	Federation of State Physician Health Programs, Inc.	Role President
Name of Organization		Role
Name of Organization		Role
Please list any additional 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 in the text box below:		

4) Please indicate below if you or an immediate family member have any interest(s) 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.

For whom are you disclosing?	Self
Indicate Position	Officer
Name of Organization:	DynamiCare Health, Inc.
For whom are you disclosing?	Self

Indicate Position
Name of Organization:

Director
Georgia PHP,
Inc.

Please list any additional information if you or an immediate family member have any interest(s) 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 in the text box below:

5) 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.

For whom are you disclosing?
Provide details

Self
Federation of State Physician Health Programs, Inc (FSPHP) - president. The FSPHP is a collection of states that work together in providing monitoring programs for physicians with mental health concerns and substance use disorders.

For whom are you disclosing?
Provide Details

Please list any additional 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 in the text box below:

6) 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.

Select Sources (hold CTRL key to multi-select)

If "Other" is selected, indicate the sources on next question

Private Practice, Consultation, Other

For each source, list the entity, briefly describe the work you do and the percentage of your income.

Private Practice and Consultation - Earley Consultancy, LLC - 8 hours per week
Senior Management - Georgia Professionals Health Program - 28 hours per week
Other - Product Development (addiction recovery support system) - DynamiCare Health, Inc. - 2 hours per week

Please list any additional 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 income in the text box below:

7) 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.

Provide details of such relationship The FSPHP produces quality guidelines regarding physician health, treatment processes and public policy.
Who are you disclosing for?

8) Indicate financial relationship(s) you or your spouse have with a commercial interest [review definition above] within the past 12 months.

For whom are you disclosing?

Level of Interest

Refer to definitions above

Self

Commercial Interest

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

DynamiCare Health, Inc. - Salary and Stock (explained above)

For whom are you disclosing?

Level of Interest

Refer to definitions above

Self

Modest

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

Feb 2020 - Mississippi Addiction Conference - modest honorarium
April 2020 - Foundations Recovery Conference - modest honorarium
NOAP Conference - modest honorarium

For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

Please list any additional financial relationship(s) you or your spouse have with a commercial interest [review definition above] within in the past 12 months in the text below:

9) 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.

Indicate Pending Actions

None

10) Please describe any other information you believe is important to disclose.

Provide details

Statement of Compliance

I have reviewed, and agree to comply with, ASAM's Universal Disclosure Policy and Procedures. I have identified all interests and affiliations about which information has been requested. I certify that the answers that I have provided to these questions are truthful and I agree to update this statement within 30 days to reflect any changes.

I understand that I am required to disclose any potential conflict of interest to ASAM before engaging in any ASAM related activities. Any perceived conflicts not addressed by self-disclosure or recusal will be managed by ASAM. If requested, the Ethics Committee will assist in evaluating potential conflicts of interest.

I attest that all the answers above are correct