**Disclosure of Interest Form**

**For**

**Nominees for AHIMA Board of Directors and the Speaker-elect of the House of Delegates**

Instructions: Please complete this form along with your application for an elected position on the AHIMA Board of Directors or the Speaker-elect of the House of Delegates. Submit to Profession.Governance@ahima.org no later than March 31st.

# **1. Competition with AHIMA**

1. Do you engage in or support any activity, with or without remuneration, that competes with, interferes with, or otherwise displaces or diminishes an opportunity that otherwise may belong to AHIMA?

Yes No

1. Do you, in your personal, professional or business capacity, provide any of the following products or services that compete with AHIMA’s products or services?

Articles, practice briefs, toolkits

Meetings, conventions

Professional books, journals

Training webinars

Online and in-person training

Online and in-person exams

Certification prep courses

Consulting Services (i.e. IMO Mapping)

Certification exams

Social Media, for example Blogs and Tweets

Other

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you engage in any other personal, professional or business activities that compete with AHIMA?

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

If Yes, please

describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you engage in any personal, professional or business activities that assist another person or entity that competes with AHIMA?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What other organizations’ Boards of Directors have you served on in the past five years?

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# **2. Business Relationships with AHIMA**

1. Do you have any direct ***business relationships*** with AHIMA?

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

If Yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have a ***family member*** who has a direct or indirect ***business relationship*** with AHIMA?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you serve as an officer, Director, trustee or key employee of an entity which has a ***business relationship*** with AHIMA?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you serve as a partner, member or shareholder of greater than 5% (including ownership by family members) in an entity, which has a ***business relationship*** with AHIMA?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have a ***family member*** who received reportable compensation greater than $10,000 from AHIMA or a ***related organization***?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did you or a ***family member*** receive a loan or other advance from AHIMA which had an outstanding balance as of the end of AHIMA’s tax year?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did you or a ***family member*** receive a grant, scholarship or other assistance from AHIMA (other assistance may include provision of goods, services, or use of facilities)?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did you or a ***family member*** receive total compensation or other payments exceeding $10,000 during AHIMA’s tax year from AHIMA or any ***related organization*** as an ***independent contractor***, other than reimbursement of expenses under an accountable plan or reasonable compensation for services provided in the capacity as a member of the governing body?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **3. Family and Business Relationships with Other Directors**

1. Do you have a ***family member*** who is a Director, officer, commissioner, or key employee or agent?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have a ***business relationship*** with any other officer, Director, trustee or key employee of AHIMA?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **4. Other Conflicts of Interest**

a) Do you have any other conflicts to disclose?

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

If Yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**By signing this Disclosure if Interests Form, the undersigned represents that the above information is accurate and complete.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**