# 2026-2027 Council Meeting Conflict of Interest Form



## Abu-Jubara,Dania-date submitted:2026-10-02

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 10/01/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Dania Abu-Jubara |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Email Address | dabujubara@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Florida |

## Anderson,Stephen-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | skkanderson@comcast.net |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Chair of the Board of The Naloxone Project, a 501c3 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| If yes, please explain: | From ACEP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 09/23/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Leadership Development Advisory Committee |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Anderson MD Stephen |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Past Chair of the Board |

## Antinori,Jim-date submitted:2026-09-25

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | James Antinori |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/25/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Email Address | jaermd@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I am on the Board of Directors of Utah ACEP. |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No. |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Archer,Michael-date submitted:2026-09-26

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 9/25/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | mookiexx@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Michael W Archer DO |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Memorial Health System, I am an ED attending physician |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Arnold,Brittany-date submitted:2026-09-24

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/23/26 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Oregon Emergency Physicians - Emergency Medicine Physician at Providence Portland Medical Center. Also act as OEP Hiring Director for PPMC, and on the OEP Executive Committee |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Not outside of my workplace and the OR Chapter of ACEP |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | brittany.n.arnold@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Brittany Arnold MD |

## Aten,Andrew-date submitted:2026-09-25

| | |
|---|---|
| If yes, please explain: | NA |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Representative on USACS North Division Clinical Governance Board |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 9/25/26 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Andrew Aten MD |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | |
| If yes, please explain: | NA |
| Email Address | aaten@usacs.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | NA |
| If yes, please explain: | NA |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | USACS, emergency physician, ER doctor stuff, Quality Director |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Avila,Jailyn-date submitted:2026-09-23

| | |
|---|---|
| Email Address | jailyn.avi@gmail.com |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Jailyn Avila, MD |
| If yes, please explain: | I co-own (along with an EM physician in Tennessee) an ultrasound education business, Core Ultrasound. |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergent Medical Associates, UHS (for my local GME) and Vituity. I work as an EM physician for EMA and Vituity, and as teaching faculty for UHS GME. |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Today's Date | 9/23/2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Baker,Michael-date submitted:2026-09-27

| | |
|---|---|
| Today's Date | 09/27/2026 |
| Please enter your full name. | Michael J Baker |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | mbaker911@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision, Director if Telehealth |

## Baldino,Kimberly-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Kimberly Baldino |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Independent contractor with ApolloMD; Emergency Physician, core faculty member for residency, and EMS Medical Director. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NJ NAEMSP Chapter Vice President |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/23/26 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | kimberly.baldino@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

## Barr,Laurel-date submitted:2026-09-24

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Ohio State Medical Association- Secretary/Treasurer, Council Delegate to the American Medical Association<br>American Board of Emergency Medicine- Certifying Examiner, Case Sensitivity Review Panel |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mid-Ohio Emergency Services - Attending Physician<br>Community Health Partners- Attending Physician<br>Ohio Heatlh- EMS Medical Director<br>Locum Tenens Emergency physician through Saved Your Life MD, LLC through Echo Locums Physicians (SOUND) and AMN healthcare |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | Laurel_2004@yahoo.com |
| Please enter your full name. | Laurel Barr, MD, FACEP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/24/26 |

## Bayonnet,Bricey-date submitted:2026-09-24

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Email Address | briceybayonnet@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland Clinic Akron General-ER Physician |
| Please indicate in the question below in which committee(s) or group you serve. | Leadership Development Advisory Committee |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Today's Date | 9/23/26 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | Bricey Bayonnet |

## Becker,Michael-date submitted:2026-09-24

| | |
|---|---|
| Today's Date | 24 Sept 2026 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Advocate Health. Emergency Physician and Physician Administrative Lead. See patients in the ED and oversee medical directors, and RCM. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Michael Becker |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | WACEP Board<br>Past member of Emergency Medicine Business Coalition |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | michael.becker@advocatehealth.org |

## Belsky,Jamiee-date submitted:2026-09-29

| | |
|---|---|
| Email Address | griffin546@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Today's Date | 09/29/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Billings Clinic Hospital |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Jamiee Belsky |

## Benzoni,Thomas-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please explain: | n/a |
| If yes, please explain: | n/a |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UnityPoint<br>ER physician only |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please explain: | n/a |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | Physician advisory board, Elevance, Iowa |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Thomas Benzoni, DO |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors, Polk County Medical Society |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | n/a |
| If yes, please explain: | n/a |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | n/a |
| Today's Date | 9/23/2026 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | benzonit@gmail.com |
| If yes, please explain: | n/a |
| If yes, please explain: | n/a |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |

## Bern,Andrew-date submitted:2026-09-28

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Retired- no conflicts |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I'm actively involved in the nonprofit 501(c)(3) corporation known as Toastmasters International. It has an international organizational structure with local regions, districts, divisions, areas, and clubs.<br><br>I'm involved at the club level, area level, division level, and district level. None of these have any relationship with ACEP. |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | abern@acep.org |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

| | |
|---|---|
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | no questions |
| Please indicate in the question below in which committee(s) or group you serve. | Past Chair of the Board |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please enter your full name. | Andrew Ira Bern |
| Today's Date | 09282026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Birnbaumer,Diane-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | Niece is a PA student<br>Husband in an ER doc |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 09/24/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | CCME - designing and implementing CME courses.<br>LA County - teaching emergency medicine |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | Elsevier: Editor-in-Chief, Roberts and Hedges textbook<br>CCME: Consultant and Course Co-Director, lecturer |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please explain: | MCE - lecturer<br>CCME - lecturer<br>ACEP - lecturer<br>Northwest Seminars - lecturer |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | dianeb@emedharbor.edu |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | DIANE BIRNBAUMER |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Bitner,Matthew-date submitted:2026-09-23

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | matthewdbitner@gmail.com |
| If yes, please explain: | Founder/Owner, Vigilint Protective Health Services |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please enter your full name. | Mathew Bitner |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | na |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 23Sept26 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Prisma Health, Chair Department of EM |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | SCCEP - Board/Councillor |

## Black,Aislinn-date submitted:2026-09-24

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please enter your full name. | Aislinn Black, DO, MPH, FACEP |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No. BIL is a licensed PhD psychologist. |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Rutgers NJMS, Assistant Professor of Emergency Medicine. Assistant Medical Director of the ED at University Hospital, Newark. |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Email Address | blackad@njms.rutgers.edu |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Today's Date | 09/24/2026 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Black,Kirby-date submitted:2026-09-23

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Kirby Black, MD, FACEP |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please explain: | My employment is through team health. I do not have a financial related incentives or ownership stake in the company at large.<br><br>I do have 20k per year of clinical and management eval related incentives. |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Team health facility medical director and ER physician at Oneida health. Scheduling, quality, leadership and clinical shifts.<br><br>Also stipends for medical director for hospital owned urgent care, Midstate regional EMS, and Madison County EMS |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | kirbypblack@gmail.com |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 9/23/2026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NYACEP board. Hospital board as med staff president. By virtue of Midstate EMS director I am on NY SEMAC and SEMSCO. |

## Bond,Michael-date submitted:2026-09-23

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Today's Date | 9/23/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Michael Bond |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Maryland School of Medicine |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | AAEM Certifying Exam Committee Chair<br>CORD Governance Committee Chair |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |

| | |
|---|---|
| Email Address | mbond007@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | Speaker for MCE Conferences that provides CME lectures to Internal Medicine and Family Medicine physicians |

## Boushra Freiberg,Marina-date submitted:2026-09-25

| | |
|---|---|
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | Na |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | mnb9143@gmail.com |
| If yes, please explain: | Na |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Na |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | Na |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | Na |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | Na |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | Na |
| If yes, please explain: | Na |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 09/24/2026 |
| If yes, please explain: | Na |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please explain: | Na |
| Please enter your full name. | Marina Boushra Freiberg |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland Clinic Foundation, Physician, employment responsibilities are physician education and patient care. |

## Bramante,Robert-date submitted:2026-09-24

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | CUAP Board of Governors<br>NYACEP- Board of Directors- President Elect |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please enter your full name. | Robert Bramante, MD |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/24/26 |
| If yes, please explain: | Partner in employment group- Progressive Emergency Physicians/ ECP |
| Email Address | bramantemd@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please explain: | Partner in employment group- Progressive Emergency Physicians/ ECP |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Progressive Emergency Physicians- Partner and chair of emergency medicine. Emergency medicine, observation and consulting services. Responsibilities include patient care and administrative functions of running a department |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Brown,Scott-date submitted:2026-09-23

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please enter your full name. | Scott Brown |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Email Address | sw.brown09@gmail.com |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Duke Raleigh Hospital - A Campus of Duke University Hospital - ER Staff Physician |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/23/2026 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Burmeister,Bradley-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | Wisconsin Physician Insurance Company, Credential Committee |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |
| Please enter your full name. | Brad Burmeister |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/23/26 |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | bradleyburmeister@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | President, Green Bay Emergency Medicine Service - Managing Partner of Independent Emergency Group |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Wisconsin Med Political Action Committee<br>Wisconsin Chapter ACEP<br>WEMPAC<br>Doctors in Recital<br>The Weidner<br>Bellin Foundation<br>Bellin Health Partners |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Burnsides,Christopher-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | chris.burnsides@gmail.com |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mid-Ohio Emergency Services, emergency medicine physician, full time clinical |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Christopher Burnsides |
| Today's Date | 9/23/26 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Ohio ACEP board of directors member |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

## Burrell,Timothy-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | IN ACEP Honorary Board Member EMPAC, RRG Professional Liability Insurance Risk Management Committee |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | IBM Associate Partner providing federal health agency consulting services. |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 09/23/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | tburrell@unitypg.com |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Timothy Burrell, MD |

## Cain,Aaron-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | Na |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | aaron.cain.do@gmail.com |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Membership chair at OH ACEP |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 9/23/2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | The MetroHealth system |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Aaron Cain |

## Campana,Christina-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Email Address | scarletosugray9@yahoo.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Christina Campana DO FACEP |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland Clinic, staff physician |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 9/24/26 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Canellas,Maureen-date submitted:2026-09-25

| | |
|---|---|
| Email Address | mocanellas@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UMass Memorial Medical Center: associate chief medical officer, 0.3 FTE, conducts projects at the request of the CMO's office regarding finance evaluations, flow improvement, personnel decisions<br>UMass Chan Medical School: assistant professor of emergency medicine, 0.7 FTE, teaches residents, practices EM in academic/community EDs, conducts research on AI/ops/flow |
| Today's Date | 9/25/26 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | ED Benchmarking Alliance: 30+ yr old non-profit with ED ops data and benchmarks providing education and managerial information for our members |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Maureen Canellas |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Carlton,Frederick-date submitted:2026-09-24

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Frederick B. Carlton, Jr |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Mississippi State Board of Health: board member and chair of the EMS committee |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 09/24/2026 |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Relias Healthcare- A physician run contract company<br>Staff Physician<br>I work 8 clinical shifts a month and am the program director for the emergency medicine fellowship. |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | rickcarlton1@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | a son who is a nurse practitioner and another son who is a dentist whose wife is a nurse practitioner |

## Chang,Howard-date submitted:2026-09-24

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 9/24/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Email Address | howardchang79@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Howard Chang |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Wichita Airport Authority (Board of Directors)<br>Great Plains chapter of AAEM (Secretary) |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity Medical Director in Emergency Medicine. I have spend the majority of my time caring for patients and a smaller portion of my time in administration. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Char,Douglas-date submitted:2026-09-28

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please explain: | CelCor Therapeutics - Celebrate STEMI trial |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Today's Date | July 28, 2025 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Missouri ACEP Board of Directors Chair, SOM Faculty Council, Washington University |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | Yes |
| Email Address | Chard@wustl.edu |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Washington University St Louis |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Douglas M. Char |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Chastain,Benjamin-date submitted:2026-09-25

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Physicians Inc. Columbus - Group president and attending physician. Single site independent emergency physician group. |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | INACEP - Board of Directors |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Benjamin Chastain, MD |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 9/25/2026 |
| Email Address | benchastainmd@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Chavez,Brandon-date submitted:2026-10-02

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Team Health- Physician |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | bjchavez1992@gmail.com |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 10/02/2026 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please enter your full name. | Brandon Chavez |

## Chukwuanu,Kene-date submitted:2026-10-03

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 10/03/26 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please enter your full name. | Kene Chukwuanu, MD |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President, Missouri College of Emergency Physicians (MOCEP)<br>Chair, Emergency Medicine Section, National Medical Association (NMA) |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | SSM Health Saint Louis University<br>Staff Physician<br>Associate Professor - Emergency Medicine & Critical Care Medicine |

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Email Address | kene.chukwuanu@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Codier,Sean-date submitted:2026-09-27

| | |
|---|---|
| Please enter your full name. | Sean Codier, DO |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | sean.codier@gmail.com |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Lead Organizer, Salem Physicians Union - physician union for inpatient physicians at Salem Hospital. |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mass General Brigham Salem Hospital, Staff Emergency Physician. Daily responsibilities are primarily clinical, also include clinical instruction of resident physicians. |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 9/27/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Coffey,Pamela-date submitted:2026-10-01

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity Inc at UNH Sparrow, Lansing, MI Attending physician, emergency medicine |
| Please enter your full name. | Pamela Coffey |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | pncoffey@comcast.net |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Chair PR Committee, Michigan College of Emergency Physicians |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 10/1/2026 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Cornelius,Angela-date submitted:2026-09-23

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | president elect tx naemsp<br>chair emergency preparedness committee naemps |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 09/23/2026 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please explain: | consultant for bayer pharmaceuticals |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Angela Cornelius |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Integrative Emergency Services |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | angiepmd03@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

## Cowling,Kathleen-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Kathleen Cowling, DO, MS, MBA |
| Email Address | cowling911@gmail.com |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | Sept 23, 2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Trustee, Michigan Emergency Medicine Foundation |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | CMU medical education partners, Academic Chair and attending physician Covenant HealthCare College of Medicine |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

## Dailey,Michael-date submitted:2026-09-25

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Michael Dailey |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Albany Medical Center, EM physician, fellowship director and chief of prehospital care. Medical College and hospital. Division Physician, New York State Police, medical oversight and support for the organization. Town of Colonie EMS medical director, medical oversight and support. Town of Bethlehem Police, medical oversight and support. HMP-EMS World, CME medical director, educational oversight. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 9/25/26 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | daileym@amc.edu |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Regional EMS Organization, EMS leadership and oversight<br>Center for donation and transplant, board of directors, oversight and leadership, organ procurement and transplant<br>Multiple NYS committees: State Emergency Medical Advisory Committee, State Trauma Advisory Committee, State Stroke Advisory Committee |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Das,Shamie-date submitted:2026-09-25

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emory University, Academic Medical Center, Associate Professor/Attending Physician |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | GCEP - Chapter President<br>Medical Association of Atlanta - President<br>Medical Association of Georgia - Member at Large, Board of Directors<br>American Medical Association - Delegate, House of Delegates |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please enter your full name. | Shamie Das |
| If yes, please explain: | Gilead - internal briefing on quality measures |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/25/26 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Email Address | das.shamie@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## DeAngelis,John-date submitted:2026-09-26

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | John DeAngelis |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NYACEP - Board member |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | deangelisjg@gmail.com |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Rochester<br>Asst Program Director<br>Residency education and clinical emergency medicine |
| Today's Date | 9/26/26 |
| If yes, please explain: | Peer Supporter - EMPRO insurance |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## DeBard,Mark-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please enter your full name. | Mark L DeBard, MD, FACEP |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President, International Lilac Society<br>Registrar, International Register of Cultivar Names for Asimina,<br>Appalachian Foothills Fruits and Nuts<br>Admissions Committee Member and Super Screener, The Ohio State University College of Medicine |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | mldebard@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Past Speaker |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | September 24, 2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Debiegun,Garreth-date submitted:2026-10-02

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | MaineHealth - physician<br>Bluewater emergency physicians - physician |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 10-2-26 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Email Address | garreth.biegun@gmail.com |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | Sister is a family NP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Medical advisor Maine region national ski patrol<br>Medical director saddleback ski patrol |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Garreth Debiegun md FACEP fawm |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## DiDomenico,Dominic-date submitted:2026-09-30

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No. |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | HealthFront Emergency Physicians New Mexico: attending physician at Christus St. Vincent in Santa Fe, NM<br>Medical Director - Santa Fe Fire<br>Medical Director - Santa Fe Community College Paramedic Program |
| Please enter your full name. | Dominic DiDomenico, DO, FACEP |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/30/26 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | dominic.didomenico@outlook.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Dolcourt,Bram-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | September 24, 2026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | Bram Dolcourt, MD |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | bdolcourt@mac.com |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors for Michigan College of emergency physicians |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Medical Center emergency services, emergency physician, practicing emergency medicine.<br><br>Wayne State University, providing educational services to residence and medical students regarding the practice of medical Toxicology and emergency medicine. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

## Donaldson,Kristen-date submitted:2026-09-23

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | mdkristen@yahoo.com |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/23/26 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President, Illinois College of Emergency Physicians<br>Chair, ACEP Trauma & Injury Prevention Section<br>Member, ACEP Public Health Committee |

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Kristen Donaldson, MD, MPH, FACEP |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Loyola University Medical Center & Loyola University Chicago Stritch School of Medicine<br>Associate Professor<br>Attending Physician<br>Provide care for patients in level 1 academic trauma center as well as serve as emergency medicine faculty for students and residents. |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Doyle,Constance-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | cjdoylemd@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | Constance J Doyle MD FACEP |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/23/2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Edgerley-Gibb,Laura-date submitted:2026-09-23

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please explain: | Innova Emergency Medical Associates (Emergency Medicine Group practice) |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | ledgerley@gmail.com |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Innova Emergency Medical Associates. Emergency Medicine Group. Chief medical officer. In charge of all clinical operations. |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Laura Edgerley-Gibb MD |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | COACEP President |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 09/23/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Eisenbrey,David-date submitted:2026-09-23

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 9/23/26 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item2 |
| Please enter your full name. | David Bradley Eisenbrey MD MS FACEP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | McLaren Medical Group |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | david.eisenbrey@gmail.com |

## Elechi,Ola-date submitted:2026-09-28

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | IES - Integrative Emergency Services, working clinically St Lukes Sugarland Emergency Room |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Today's Date | 9/28/2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | Ola Elechi, MD |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Email Address | olaelechi@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Elliott,Daniel-date submitted:2026-09-23

| | |
|---|---|
| Today's Date | 09/23/2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | dan.elliott1889@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Medical Associates LLP, Physician Partner, staffs a group of emergency departments for hospital network, 100% clinical |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Daniel Wilson Ellliott MD |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## English,Kyle-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 09/24/2026 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | englishacep@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity - Physician and Medical Director |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Kyle D English MD |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Espy-Bell,Laura-date submitted:2026-09-25

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | lauraespy@yahoo.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Today's Date | 9/25/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mid ohio emergency services |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Laura Espy-Bell |

## Fairbrother,Hilary-date submitted:2026-09-23

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Hilary Fairbrother |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | McGovern Medical School at UTHealth Houston |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 9/23/26 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | AMA, Council on Legislation, advises the AMA Board of Trustees on legislative and regulatory matters. |
| Email Address | hilaryfair@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Falco,William-date submitted:2026-10-01

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Please enter your full name. | William Falco |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity Healthcare, Attending physician, scheduler, Site Advocacy Lead |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Wisconsn ACEP BOD and Councilor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | bdfalco66@sbcglobal.net |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 10-01-2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Felegi,William-date submitted:2026-09-23

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Email Address | wbfelegi@optonline.net |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Today's Date | 9/23/2026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Van Buren County Hospital, part-time, Clinical Consultant |
| Please enter your full name. | William B. Felegi |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Iowa Osteopathic Medical Association, Immediate Past Present, Treasurer |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

## Fischer,Kyle-date submitted:2026-09-28

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | kfischer@som.umaryland.edu |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Kyle Fischer, MD, MPH |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Policy Director: The Health Alliance for Violence Intervention (I direct policy and advocacy to support hospital-based violence intervention programs. The organization is a 501c3 nonprofit) Connecticut Commission on Community Gun Violence: I am an appointed commissioner for a body that advises the state government on public health approaches to firearm violence |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 9/27/26 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Maryland Emergency Medicine Associates, emergency medicine physician group practice |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Flamm,Avram-date submitted:2026-09-23

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | Avram Flamm, DO, FACEP |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 09/23/26 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | aflamm@wellspan.org |

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | WellSpan Health, System EMS Medical Director |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Friedman,Vidor-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Past President |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | No Barriers USA, BOD |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Email Address | vidorf@gmail.com |
| Today's Date | 9/23/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Vidor Friedman |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Gacioch,Brian-date submitted:2026-09-24

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 09/24/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | Brian Gacioch, MD |
| Email Address | bgacioch@bidmc.harvard.edu |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Harvard Medical Faculty Physicians<br>I am a staff physician<br>My employer is an independent academic multispecialty physician group |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Gafni-Pappas,Gregory-date submitted:2026-09-24

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision Healthcare, employee, Chair of the emergency department at Chelsea Hospital, 60% clinical, 40% administrative |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 9/24/2026 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | pappasdo@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | Gregory Gafni-Pappas |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Gallagher,John-date submitted:2026-09-28

| | |
|---|---|
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 9/28/26 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please explain: | NA |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | NA |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | NA |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | NA |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | NA |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | NA |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | John M Gallagher MD |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | HEPA, ED physician |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NA |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | jgallagherEMS@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## Galletta,Gayle-date submitted:2026-09-23

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 09/23/2026 |
| Email Address | gayle.galletta@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UMassChan, Emergency medicine physician |
| If yes, please explain: | Paid consultant for Defibrio, defibrillator start up. |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please explain: | White Coat Investor speaker 2025 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | BoD Norwegian Society for Emergency Medicine |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Gayle Galletta, MD, FACEP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Gautier,Thomas-date submitted:2026-09-24

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | MetroHealth<br>Resident physician<br>Patient care |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | tng26@cornell.edu |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Thomas Gautier, MD |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 9/24/26 |

## Geiger,Amanda-date submitted:2026-10-02

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 10/2/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mainehealth Maine Medical Center Portland - Hospital<br>Emergency Medicine Resident, PGY-3 - Clinical emergency department staff and learner |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | EMRA Program Representative<br>- Serve as link between MMC residency program and EMRA Representative Council |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | amanda.geiger@mainehealth.org |
| Please enter your full name. | Amanda Geiger, MD |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## Giberson,Brandon-date submitted:2026-09-30

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | MaineHealth, Maine Medical Center. Associate Chief of Emergency Medicine; Medical Director of Biddeford/ Sanford ED |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | brandon.giberson@mainehealth.org |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Today's Date | 09/30/2026 |
| Please enter your full name. | Brandon Giberson, DO FACEP |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Gingold,Daniel-date submitted:2026-09-23

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please explain: | 7/1/24 – 5/1/25 Daniel B. Gingold (Sub-I) 2.5%<br>Gentry Wilkerson (PI) 5%<br>"A Single-Blind, Randomized Study Comparing the Efficacy and Safety of a Single Dose of TNX-1300 to Placebo with Usual Care for the Treatment of Signs and Symptoms of Acute Cocaine Intoxication in Emergency Department Subjects"<br>Industry-sponsored multi-center trial<br>Tonix Pharmaceuticals, Chatham, NJ<br>Grant Number: TNX-CE-CI202<br>Total Amount: $115,000<br>Sub-I: Patient identification and recruitment, manuscript preparation, research team management |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Daniel Gingold, MD, MPH |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09/23/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Maryland School of Medicine, University of Maryland Emergency Medicine PA. Academic emergency physician, associate professor. |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | dgingold@som.umaryland.edu |

## Gokova,Olga-date submitted:2026-09-23

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | gokovamd@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Olga Gokova, MD, FACEP |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/23/2026 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity Med America, attending physician partner |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Arizona Chapter of ACEP councilor, past president |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Please indicate in the question below in which committee(s) or group you serve. | Council Awards Committee |

## Gonzalez,Alicia-date submitted:2026-09-24

| | |
|---|---|
| Please enter your full name. | Alicia M Gonzalez, MD |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | n/a |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please explain: | n/a |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Physician partner with Vituity where I serve as Medical Director and emergency medicine physician. |
| If yes, please explain: | n/a |
| If yes, please explain: | n/a |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | n/a |
| If yes, please explain: | I currently serve as the Director of Clinical Training at CA Bridge - a publicly funded non-profit program under the Public Health Institute, which supports work helping physicians and clinical teams provide better care to patients with substance use disorders, expand reproductive care from the ED, and operate public health screening and treatment programs from the ED (e.g. syphilis, HIV, hepatitis). I do not have a financial vestment in the organization, but have been a paid physician consultant serving as the Director of Clinical training for 7 years. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please explain: | n/a |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | aliciamik@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | Yes |
| If yes, please explain: | n/a |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | n/a |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 9/23/2026 |

## Good,Susan-date submitted:2026-09-23

| | |
|---|---|
| Email Address | suegood@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | EMS, SC - partner, physician |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | EDPMA - Board of Directors. Trade association for Emergency Medicine, collaborates with ACEP<br>EMS, SC - Board of Directors. Independent democratic EM physician group, elected by shareholders<br>Wisconsin ACEP - Board of Directors, Councillor |
| Today's Date | 09232026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | Shareholder in RCM Company ConsensioHealth, LLC |
| Please enter your full name. | Susan Good, MD, MBA, FACEP |

## Gordon,Hannah-date submitted:2026-09-27

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Kaiser Permanente, Attending Physician, Emergency Medicine |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | hvgordonmd@gmail.com |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/26/26 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Hannah Gordon |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Gray-Eurom,Kelly-date submitted:2026-09-28

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Florida College of Medicine Jacksonville |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 9/28/2026 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | kelly.grayeurom@jax.ufl.edu |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please enter your full name. | Kelly Gray-Eurom, MD, MMM, FACEP |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Greenberg,Robert-date submitted:2026-09-23

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Email Address | robert.greenberg@bswhealth.org |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 9/23/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Senior Staff Physician, Emergency Medicine, Scott & White Clinic. I serve as an administrator and clinician. |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No. |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I serve on committees for the Texas College of Emergency Physicians and Texas Medical Association. I am on the Board of Directors and serve on committees for the Temple Community Clinic in Temple, Texas. I am a gubenatorial appointee and chair the Texas Department of Criminal Justice Correctional Managed Health Care Committee. I am a volunteer consultant and subject matter expert to the Texas Department of State Health Services EMS and Trauma. |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Robert D Greenberg, MD |

## Groner,Kathryn-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | kaytt14@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Kate Groner |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | ChristianaCare |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Delaware Chapter Of ACEP - president elect, past president |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/24/2026 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## Hancock,Robert-date submitted:2026-09-23

| | |
|---|---|
| Please enter your full name. | Robert Hancock, DO |
| Email Address | robhancock73@att.net |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Texas Alliance for Patient Access - Board Chair. Defense of medical liability reform in Texas |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 09/23/2026 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Elite Hospital Partners-Emergency Physician |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Hardin,J-date submitted:2026-09-23

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 9/23/26 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Joel Shane Hardin, MD, PhD |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Arkansas for Medical Sciences, staff emergency physician |
| Email Address | shanehardin@live.com |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Harries,Aaron-date submitted:2026-09-23

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 9/23/26 |
| Please enter your full name. | Aaron Harries, MD |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | aaron.harries@ucsf.edu |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Medicine Physician with the University of California San Francisco |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | CalACEP chapter board of directors position |

## Harvey,Allison-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Email Address | allisonharvey@mac.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Prisma Health<br>Emergency Physician at Prisma Health Midlands - Richland Hospital<br>I see patients in the emergency Department in addition to teaching residents and students. |
| Please enter your full name. | Allison Harvey, MD |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | Sept 23, 2026 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | South Carolina College of Emergency medicine - Councillor, former president.<br>Shut Carolina Victim's Compensation Board.  member |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Heaton,Heather-date submitted:2026-09-24

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | The Grace Foundation, secretary, non profit fundraising foundation for private Christian education |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 9/24/2026 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Email Address | hheaton2@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Heather Heaton, MD |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mayo Clinic, emergency medicine physician |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Heine,Carlton-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Washington State University, Professor and Associate Regional Dean<br>Multicare Rockwood Urgent Care, Attending Physician |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | heine.carl@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/23/2026 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Carlton Heine MD PhD FACEP FAWM |

## Hernandez,Maricarmen-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Maricarmen Hernandez |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 09/23/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Desert Regional Medical Center, Resident Doctor PGY1 |
| Email Address | hernandezmarr7@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Hill,Douglas-date submitted:2026-09-25

| | |
|---|---|
| If yes, please explain: | n/a |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 9/25/26 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please explain: | n/a |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please explain: | n/a |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Retired |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | n/a |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please explain: | n/a |
| Email Address | dhill@wispertel.net |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Douglas M Hill |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | the end |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | n/a |
| If yes, please explain: | n/a |
| If yes, please explain: | n/a |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | n/a |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |

## Hilty,William-date submitted:2026-10-02

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 10/2/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Colo West Emergency Physicians Independent Democratic single hospital group staffing Intermountain Health level 2 trauma center in Western Colorado |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | bhilty66@gmail.com |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | William M Hilty, MD |

## Hinfey,Patrick-date submitted:2026-10-03

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Email Address | phinfey@protonmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 10/2/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency physician at Newark Beth Israel Medical Center |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Please enter your full name. | Patrick Hinfey |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Hirshberg,Alan-date submitted:2026-09-23

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | September 2, 2026 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | alan.hirshberg@va.gov |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Alan Jeffrey Hirshberg, MD, MPH |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Veterans Health Administration Office of the Medical Inspector, Chief Senior Medical Investigator. Responsible for clinical investigations related to quality of clinical care and risk managment of national Veterans Affairs Health Care System |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



## Hodges,Kevin-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | WSU College of Medicine, Vice Chair Emergency Medicine<br>Team Health, Emergency Physician |
| Email Address | kevin.hodges@wsu.edu |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Vice President Washington State Chapter ACEP |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Today's Date | 09/23/2026 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Kevin E. Hodges, MD |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

## Hodgson,Nicole-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mayo Clinic, vice chair of EM |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Email Address | nhodgsonem@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Nicole Hodgson MD |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/23/26 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

# 2026-2027 Council Meeting Conflict of Interest Form



## Hoshi,Malcolm-date submitted:2026-09-23

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/23/26 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | attending physician Metrohealth medical center |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | malcolm hoshi md |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Email Address | malcolm.hoshi@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## House,Hans-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | hhouse93@hotmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Hans House, MD |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Treasurer, House Family Foundation |
| Today's Date | 9/23/26 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Iowa |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## Hsu,Antony-date submitted:2026-09-23

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision Healthcare, part-time Emergency Physician staffing the emergency departments at Trinity Health Ann Arbor and Trinity Health Livingston<br>AML Emergentology, PLLC, locum tenens, Emergency Physician staffing emergency departments in Michigan |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 09/23/26 |
| Email Address | antony.hsu@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Chair of the Division of Medicine of The Organization for Space Medicine, Engineering and Design |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Antony Hsu |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Hueschen,Leslie-date submitted:2026-09-23

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Children's Mercy Hospital |
| Please enter your full name. | Leslie A Hueschen |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 09/23/2026 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors; Missouri ACEP<br>Chair: Children's Hospital Association Sepsis community of practice |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | lahueschen@cmh.edu |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Humble,James-date submitted:2026-09-25

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 09/25/2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Carilion Clinic - Medical Director, Observation Services. Assistant Professor of Emergency medicine. Work in the emergency department and Clinical Decision Unit<br>Essentia Health - Physician |
| Email Address | jamesrhumble@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors, Virginia College of Emergency Physicians |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please explain: | Did an interview about how changes to medicaid would affect our Virginia Patients with an independent group advocating for patients with disabilities |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | James Humble, MD FACEP |

## Hynes,Allyson-date submitted:2026-09-23

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Medical College of Wisconsin full time attending in the surgical intensive care unit |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 9/23/2026 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | AAEM Critical Care Medicine Section - Immediate Past Chair |
| Please enter your full name. | Allyson M. Hynes, MD, MSCE, FAAEM, FACEP; Assistant Professor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | AAEM fully compensated my registration for their annual meeting for speaking about cardiac arrest and SCCM gave me a reduction for their meeting for speaking about pulmonary embolisms. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Email Address | hynes.ally@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Janneck,Laura-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Oklahoma School of Community Medicine, Associate Professor |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Member of the Oklahoma Domestic Violence Fatality Review Board |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | laura.janneck@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | Laura Janneck |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 09/23/2026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Jaquis,William-date submitted:2026-09-28

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | wpjmd@comcast.net |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | William Jaquis |
| Today's Date | 9/28/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Past President |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Team Health. Interim Medical Director Special Operations Group. Administrative assistance |

## Jouriles,Nicholas-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Chair, EM, Northeast Ohio Medical University |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President, Emergency Department Benchmarking Alliance |
| Email Address | njouriles@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/24/2006 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Past President |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please explain: | Stockholder in US Acute Care Solutions |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | nicholas jouriles |

## Kamat,Achyut-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | mihir@fastmail.com |
| Please enter your full name. | Achyut Kamat |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Today's Date | 9/23/26 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Brown university health, ER attending physician |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

## Kanter,Marc-date submitted:2026-09-24

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/25/26 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of directors, All New York City emergency medicine. This is a not-for-profit organization, whose sole purpose is to provide educational content for medical students, and residents in emergency medicine, in the New York City area. |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | marckanter@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Physician affiliate group of New York-at New York City health and hospitals. Chief of emergency medicine, Lincoln Medical Center. |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Marc Kanter |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

## Kaplan,Jay-date submitted:2026-09-25

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | jaykaplanmd@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Julius A. (Jay) Kaplan |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Canadian Association of Emergency Physicians - member Wellness Committee, member Leadership Committee |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Kootenay Lake Hospital Emergency Physicians group, physician practice group staffing the emergency department of the hospital<br>Attending physician (0.25 FTE), no specific administrative responsibilities |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 9/25/2026 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

## Katz,Gary-date submitted:2026-09-23

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Self employed performing Clinical EM work; US Air Force, Air National Guard performing clinical and administrative duties as directed; Ohio State Medical Association, President performing duties as directed under the organization's bylaws to advocate for the practice of medicine in Ohio |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | orgmed.katz@gmail.com |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | Gary Katz |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Past Speaker |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | September 23 2026 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President, Ohio State Medical Association, performing duties as directed under the organization's bylaws to advocate for the practice of medicine in Ohio |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Kegg,Jason-date submitted:2026-09-23

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | - sit on ICEP Chapter Board of Directors<br>- sit on NAEMSP IL Chapter Board of Directors |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please enter your full name. | Jason A Kegg, MD FACEP NRP |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 23 Sept 2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Professor, SIU EM Residency Program, Springfield, IL |
| Email Address | jkegg@siumed.edu |

## Kendall,Jayne-date submitted:2026-09-24

| | |
|---|---|
| Today's Date | 09/24/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Email Address | jkendall@usacs.com |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | US Acute Care Solutions- I am a physician partner in this organization. I am the chief of engagement and talent management. I do clinical shifts but I also am involved in leadership development for the entire organization. I also an the executive sponsor of the Women's resource Group. |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I am on the board for NCCPA (National Commission on Certification of Physician Assistants (the certifying body for Physician Assistants) and the NCCPA health foundation board (we give out grants for various health care related projects) |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Jayne Kendall, MD |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

# 2026-2027 Council Meeting Conflict of Interest Form

## Kizziah,Melinda-date submitted:2026-09-29

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 9/29/2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Physician at Ohio State University Wexner Medical Center. Provide emergency care to patients. |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Melinda Kizziah, DO |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | melinda.kizziah@osumc.edu |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

## Kopp,Joseph-date submitted:2026-09-24

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Joseph Kopp |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mass General Brigham, Attending physician in the emergency department. See patients in the emergency department and teach medical students, APPs and residents. Medical Director Express Care. Lead a team that manages 16 Express Care centers |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 09/24/2026 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | jkopp@bwh.harvard.edu |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

## Kummer,Tobias-date submitted:2026-09-29

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Tobias Kummer |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | Northwest Imaging Forums |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mayo Clinic, Rochester. Emergency Physician |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Today's Date | 09/29/2026 |
| Email Address | kummer.tobias@mayo.edu |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | SAEM - AEUS Treasurer |

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Lancaster,Gabe-date submitted:2026-09-23

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | lancasterg10@gmail.com |
| Please enter your full name. | Gabe Lancaster, MD |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Today's Date | 9/23/26 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UnityPoint Health- Department Medical Director/Chief of Staff/Emergency Physician |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Langenfeld,Jason-date submitted:2026-09-24

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Jason Langenfeld, MD, FACEP |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Nebraska Medical Center. Professor of Emergency medicine, emergency Medicine Residency program director |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Director at large, Board of directors, Nebraska chapter American College of Emergency Physicians |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | drlangenfeld@gmail.comd |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/25/2026 |

## Lavine,Elyse-date submitted:2026-09-24

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NYACEP board of directors and member at large for NYACEP |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Elyse Lavine |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mount Sinai Health System, Physician. Medical Director ED |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 9/24/26 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | elyse.lavine@gmail.com |

## Lee,J. Austin-date submitted:2026-09-25

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please enter your full name. | John Austin Lee |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | This is an onerous form |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | john_austin_lee@yahoo.com |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 25 Sep 2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | IU Health, employed EM physician, and assistant program director for EM at IU Bloomington |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## Lehrfeld,David-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | lehrfeld.david@gmail.com |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | VA Hospital Portland attending and consultant physician in the Emergency Care Unit. Care of all patients that present to the ECU and any emergencies that occur on campus. |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Oregon Health Authority: EMS Medical Director<br>National Association of EMS Officials: Medical Directors Council<br>Prehospital Guidelines Consortium: Board of Directors<br>Nation association of EMS physicians: President Oregon chapter<br>ACEP: Oregon chapter Board of directors |
| Please enter your full name. | David Lehrfeld |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 9/23/2026 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## Lesko,Joshua-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Physicians of Tidewater. I am an employee, and serve as the Clinical Informatics Fellowship Program Director as well as a practicing Emergency Medicine physician. |
| Today's Date | 9/23/26 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Joshua Lesko, MD |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Medical Society of Virginia: Board of Directors<br>Sentara Health: eCare Medical Director |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| Email Address | joshua.lesko@gmail.com |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |

## Lide,Daniel-date submitted:2026-09-24

| | |
|---|---|
| Email Address | lidedaniel@gmail.com |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 9/24/26 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Daniel Lide, MD |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | HCA - Mountain View Hospital |

# 2026-2027 Council Meeting Conflict of Interest Form



## Lin,Janet-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors for AIDS Foundation of Chicago |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 9/23/2026 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Illiniss, higher education and healthcare.<br>Tenured professor in College of Medicine, School of Public health, Physician/surgeon and Chief Strategy Officer for Hospital and Clinics |
| Please enter your full name. | Janet Lin |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | jlin7@uic.edu |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please explain: | Research support through Gilead Sciences |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Lin,Yue-date submitted:2026-09-23

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | yue.jay.lin@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Yue Jay Lin |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mount Sinai Hospital, full time faculty |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 9/23/2026 |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |

## Lo,Bruce-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Bruce Lo, MD |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | brucelo1@yahoo.com |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 9/24/26 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Physicians of Tidewater - Physician Partner (do clinical EM shifts) |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## Lozano,Mike-date submitted:2026-09-25

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | September 25, 2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, please explain: | N/A |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Member, CARES (Cardiac Arrest Registry to Enhance Survival) Advisory Council — a national out-of-hospital cardiac arrest registry and quality improvement collaborative.<br>Member, aimSC (Artificial Intelligence in Medicine Scholarly Concentration) Steering Committee, USF Health Morsani College of Medicine — oversees a medical student AI curriculum track.<br>Member, Data Committee, Florida EMS Advisory Council, Florida Department of Health — state EMS advisory body to DOH.<br>Member, Clinical Informatics Exam Sub-board, American Board of Preventive Medicine — oversees the clinical informatics board certification exam.<br>Member, HIM Advisory Council, Health Informatics Master of Science Program, University of South Florida — advises USF's health informatics graduate program.<br>Member, Board of Directors, Florida Emergency Medicine Foundation (Past President, 2016–2018) — a nonprofit supporting EM education and conferences in Florida.<br>Society for Academic Emergency Medicine — member; Ethics Committee (2022–2027); Informatics, Data Science, and Artificial Intelligence Interest Group; IDEA (Informatics, Digital Health, Emerging Technologies, and AI) Academy.<br>Member, American Medical Informatics Association.<br>Member, Florida Medical Association.<br>Florida Association of EMS Medical Directors — member; Medical Economics Committee; EMS/Trauma Committee; Government Affairs Committee.<br>National Association of EMS Physicians — member; Research Committee; Advocacy Committee. |
| If yes, please explain: | N/A |

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please explain: | N/A |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | lozanom@usf.edu |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Employed by the University of South Florida (USF Health Morsani College of Medicine) as Associate Professor of Emergency Medicine. USF Health is an academic medical center providing physician training, clinical care, and biomedical research. Daily responsibilities include clinical emergency medicine practice, EMS and clinical informatics research, teaching residents and fellows, and administrative duties as Director of Research and Informatics for the Florida Center for Emergency Medical Services (FL-CEMS), a state-designated EMS research and policy center. Also serve as interim Associate Medical Director for Tampa General Hospital's Aeromedical Transport Services (TGH Aeromed) and as Associate Medical Director for Pinellas County EMS, providing medical oversight and protocol direction for prehospital and air-medical operations. |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Michael Lozano Jr., MD, MSHI |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| If yes, please explain: | N/A |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | N/A |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please explain: | N/A |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | N/A |
| If yes, please explain: | Pinnacle, a healthcare consulting firm, provided hotel accommodations for an invited speaking engagement within the past 24 months. To my knowledge, Pinnacle does not have a business relationship with ACEP. |

## Lucid,Wendy-date submitted:2026-09-24

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | wlucid@aol.com |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 09-24-2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | EMPOWER physician group staff physician in the ED St. Josephs Hospital Phoenix, Arizona. |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please enter your full name. | Wendy A. Lucid MD FACEP |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

## Lukens,Thomas-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 09/23/2026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Thomas Lukens |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | tomlukens@gmail.com |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Malinowski,Robert-date submitted:2026-09-28

| | |
|---|---|
| Email Address | drmal1@hotmail.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Robert Malinowski, MD, FACEP |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09/28/2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Marco,Catherine-date submitted:2026-09-23

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | cmarco2@aol.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Penn state health |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Catherine Marco |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 09/23/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

## Martin,Kenneth-date submitted:2026-09-24

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Marietta Memorial Hospital - Marietta, OH.<br><br>I am the medical director of our Emergency Medicine and Urgent Care services. |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Kenneth Martin DO |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Today's Date | 09/24/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | kandkmartin@gmail.com |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Maur,Eric-date submitted:2026-09-23

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/23/26 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | Eric Maur, MD |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | docmaur@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mountain Emergency Physicians - President and Emergency Physician |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item2 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Maye,Jessica-date submitted:2026-09-26

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 9/26/26 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Jessica M Maye, DO, FACEP |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | jsmolar@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | RWJ Barnabas Health Medical Group - hospital employed full time emergency medicine physician |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## McClellan,David-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | I tried to call above number, no answer<br>Number 29 overly broad objectionable<br>Number 31, I have not seen |
| If yes, please explain: | Claims Committee, PI, de facto vice chair |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| Please enter your full name. | David McClellan, MD, FACEP |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | BOD, GSACEP<br>BOD, APHOA<br>Medical Director, CRR<br>Trustee, SEP 401K<br>Claims Committee vice chair, PI<br>Grandfather, McClellan |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item2 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 23 Sep 2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | No |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Consultant, Physicians Insurance |
| If yes, please explain: | As above |
| Email Address | dsmcclella@aol.com |

## McElhinny,Megan-date submitted:2026-09-23

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Valleywise Health/DMG Emergency Physician; Mayo Clinics Emergency Physician-- both dx and trx of emergency conditions (Clinical) |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/23/26 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Megan McElhinny |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | meganlmcelhinny@gmail.com |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please explain: | ACEP-Pfiezer Migraine Program Grant 2026 Jan-Dec<br>AzCEP Seed Grant ($1,000) Heat Stroke Hotspotting of EMS calls |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



## McKenna,Ryan-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 9/24/2026 |
| Please enter your full name. | Ryan McKenna, DO |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | rymckenna@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mayo Clinic in Florida, Jacksonville, Florida, Emergency physician |

## McKenzie,Leslie-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 9/23/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | lmckenzie@umc.edu |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Leslie Kendall McKenzie, MD |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | The University of Mississippi Medical Center<br>Professor and Chair, Department of Emergency Medicine |

## McNamara,Robert-date submitted:2026-09-26

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 9/26/26 |
| If yes, please explain: | CMO of AAEM Physician Group |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | robert.mcnamara@tuhs.temple.edu |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Temple University and Temple University Health Systems (dually employed) |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Robert McNamara, MD |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | CMO of the AAEM Physician Group<br>AMA delegate for AAEM<br>Board of Directors, Montgomery County (PA) medical society |

## Medalle,Therese-date submitted:2026-10-01

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Alabama ACEP Board of Directors |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | tmedalle@uabmc.edu |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Alabama at Birmingham Hospital. Assistant Professor. Emergency Department attending physician. |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 10/01/2026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Please enter your full name. | Therese Medalle MD |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

## Meredith,J-date submitted:2026-10-02

| | |
|---|---|
| Email Address | NJEDP@VERIZON.NET |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please enter your full name. | Mark J Meredith |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | Oct 2, 2026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Merrill,Daniel-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Medical Specialists (Part Time) as staff Emergency Medicine Physician. They are contracted to UC Health in Colorado Springs, CO. Additionally work for Department of Health Agency as a contract ER Physician on Fort Carson CO. |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | DMERRILL.MD@GMAIL.COM |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Daniel R Merrill |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 09/23/2026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## Miksanek,Joshua-date submitted:2026-10-01

| | |
|---|---|
| Today's Date | 10/01/2026 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please enter your full name. | Joshua Miksanek |
| Email Address | miksanek@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | ICEP BoD |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Southern Illinois Healthcare Emergency medicine physician, medical dorector Herrin hospital. Day to day management of ED. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No. PharmD employed by SIh antibiotic stewardship |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Mills,Emily-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Emily Mills, MD |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | emily.m.millsmd@gmail.com |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision Healthcare - Emergency Physician<br>Ensemble Health Partners - Lead Physician Advisor, Utilization Management for Physicians/Hospitals |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/23/2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

## Milstead,Brandy-date submitted:2026-10-03

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | I'm a level three partner with Vituity |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Brandy Milstead |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | Oct 3rd 2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | brandy.milstead@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Mitchell,Glenn-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Email Address | mitchellmd2012@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09/24/2026 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | Glenn W Mitchell MD |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Mitchiner,James-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 092426 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I am an unpaid member of the Speakers Bureau, Physicians for a National Health Program, a non-profit 501c3 organization with 25,000 members dedicated to advocacy for single-payer healthcare. I have no role in governance, formal leadership or finances for PNHP. I will not be representing PNHP at the Council meeting. In the past I have been the faculty advisor for the University of Michigan Medical student chapter of PNHP. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | jmitch@umich.edu |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | James C Mitchiner, MD, MPH |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Nestler,David-date submitted:2026-09-23

| | |
|---|---|
| Today's Date | 9/23/26 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Steering Committee |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mayo Clinic<br>Rochester, Minnesota |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board of Directors, MN ACEP<br>Board of Directors, The Landing MN |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | David Nestler, MD MS |
| Email Address | nestler.david@mayo.edu |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Oliva,Cynthia-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Cynthia Oliva, MD |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | MUSC, emergency medicine physician |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | olivacindy523@gmail.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 9/24/2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## O'Neil,Amy-date submitted:2026-09-28

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | oneil.amy.m@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 9/27/26 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Amy O'Neil |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | M Health Fairview University of Minnesota Medical Center, Medical Director and Emergency Medicine Physician. I provide emergency medicine care to patients and lead department operations, quality assessment and process review. |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Oswald,Kurtsy-date submitted:2026-09-28

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Aligned providers Wyoming. Partner |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | oswald.kurtsy@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 9/28/26 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | Kurtsy Oswald, DO |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

## Pao,Bing-date submitted:2026-09-24

| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | Sister in law is a PA who previously practiced emergency medicine, but now works in nursing homes. |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | Bing.pao@vituity.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Bing Pao MD |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Board of Directors |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/24/2026 |
| If yes, please explain: | Savant provides AI scribing services for emergency physicians. Savant is contracted with ACEP to access ACEP's clinical guidelines. Savant is a subsidiary of Vituity. Vituity also exhibits at various ACEP events and advertises in various ACEP publications. |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | I am a partner of Vituity and serve as the Senior Director of Provider Relations. I practice emergency medicine clinically at Moreno Valley Hospital. My administrative responsibilities include contracting with payers, payment dispute management and advocacy. |

## Park,Jesse-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Jesse Park, DO |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency physician with a small democratic physician owner group. Shareholder. |
| Today's Date | 9/24/26 |
| Email Address | parkjes1@icloud.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## Parker,Malcolm-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | NA |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Please enter your full name. | Malcolm Bruce Parker MD FACEP |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | NA |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NA |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 23 September 2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | NA |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | NA |
| If yes, please explain: | NA |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| Email Address | mbparker3@gmail.com |

## Perry,Samuel-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Samuel Perry, MD |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland Clinic. Emergency Physician. Assistant Program Director for residency. |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | samcperrymd@outlook.com |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/23/2026 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Poirier,Robert-date submitted:2026-09-23

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | Pfizer- Advisory Committee Member |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Washington University School of Medicine, Department of Emergency Medicine, Emergency Physician |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Governance Chair- St. Louis Region Behavioral Health Network<br>Chair- St. Louis City Mental Health Board<br>Treasurer- Missouri College of Emergency Physicians |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | poirierr@wustl.edu |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 09/23/2026 |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please enter your full name. | Robert Poirier MD, MBA |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Purim-Shem-Tov,Yanina-date submitted:2026-09-28

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Rush University Medical Center, Executive Vice Chair, DEM |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 09/28/2026 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | yanina.purim@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Chair, Clinical Committee, CountyCare MHN ACO |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Yanina Purim-Shem-Tov |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Rabrich,Jeffrey-date submitted:2026-09-23

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 09/23/26 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Jeffrey Rabrich, DO, MBA |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | NYACEP Immediate past president and BOD |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | jrabrich@gmail.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision. Attending physician and Senior Vice President. I provide clinical care as well as oversee several emergency department sites. |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Rahall,Tracy-date submitted:2026-10-01

| | |
|---|---|
| Today's Date | 10/1/26 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Indiana ACEP President-Elect |
| Email Address | tracyrahall@aol.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please explain: | N/A |
| If yes, please explain: | N/A |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | N/A |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please explain: | N/A |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Tracy Rahall |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please explain: | N/A |
| If yes, please explain: | N/A |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Professional Emergency Physicians<br>Physician partner<br>Parkview Wabash ED Medical Director |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | N/A |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please explain: | N/A |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Rahman,Tia-date submitted:2026-09-29

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please enter your full name. | Tia Rahman |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland Clinic - emergency physician<br>MetroHealth - flight physician |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 9/29/26 |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | tiatrahman@gmail.com |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |

## Richard,Matthew-date submitted:2026-10-01

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | mattgrichard@gmail.com |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Matthew Richard, MD |
| Today's Date | 09/30/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Antelope Valley Emergency Medical Associates, Inc.<br>This is a California medical corporation that staffs a single hospital in California with emergency clinicians.<br>I hold the title of emergency department physician and CEO of Antelope Valley Emergency Medical Associates. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I'm the treasurer of the California chapter of the American College of Emergency Physicians. |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Ritz,Ana-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | ritz.ana7@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 9/23/26 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Cleveland clinic Akron general staff |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Ana Ritz |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Roazen,Lisa-date submitted:2026-09-23

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09232027 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Aspirus st Luke's - emergency physician |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Lisa Roazen |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Medical direction board, Duluth WE clinic |
| Email Address | lisa.roazen@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Rochester,Angel-date submitted:2026-09-23

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Angel Rochester |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Email Address | angel.rochester@prismahealth.org |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | paramedic spartanburg community college |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Access Bridge Implementation leader, fellow |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | pRISMA HEALTH |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 09/23/2026 |

## Rodi,Scott-date submitted:2026-09-24

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Board member, Alice Peck Day Hospital |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Scott Rodi, MD, MPH |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | DHMC<br>Chair, Dept. of EM |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | No ownership or other financial interest, but as chair I do have responsibility. |
| Email Address | scott.w.rodi@hitchcock.org |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Today's Date | 09/24/2026 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Rosen,Carly-date submitted:2026-10-02

| | |
|---|---|
| Email Address | cmrosen19@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | Carly Rosen |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency medicine attending physician at Northwell staten Island University Hospital |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 10/2/26 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Rosenau,Alexander-date submitted:2026-09-23

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | Alex.Rosenau@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Alexander M Rosenau |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 09/23/2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Rosillo,Jose-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | NA |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please explain: | NA |
| If yes, please explain: | NA |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Email Address | medrosillo@yahoo.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please explain: | NA |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | TCEP Board of Directors |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please explain: | NA |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please explain: | NA |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | NA |
| Today's Date | 09/24/2026 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please explain: | NA |
| Please enter your full name. | Jose Robert Rosillo |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please explain: | NA |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | IES - EVP oversee the clinical operations of our Houston sites. |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Roszko,Paul-date submitted:2026-09-23

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Immediate past president for the Militaryand Federal Agency chapter of the National Association of EMS Physicians<br>Ex officio Officer for the US Army Pre Hospital and EMS Council |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/23/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | US Public Health Service - active duty medical officer<br>Department of veterans affairs - program manager for VA Telehealth Emergency Management. Tele emergency care physician for the San Francisco VA Medical Center<br>Bethesda Emergency Associates - part time emergency medicine physician at Suburban Hospital in Bethesda, MD |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | pjroszko@gmail.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Paul Roszko, GSACEP President Elect |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Rudy,C-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please explain: | Speaking honorarium for lecture with GUSI and AMSSM at a cme conference |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Email Address | craigrudymd@gmail.com |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Na |
| If yes, please explain: | Na |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please explain: | Na |
| Today's Date | 9/23/26 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please explain: | Na |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | C. Craig Rudy, MD |
| If yes, please explain: | Na |
| If yes, please explain: | Na |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please explain: | Na |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | I'm a partner/owner in a small democratic group. I work clinically as an ED doc.<br><br>I'm also employed in sports medicine by OHSU. |

## Sansone,Nicholas-date submitted:2026-09-24

| | |
|---|---|
| Please enter your full name. | Nicholas G. Sansone DO |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Today's Date | 9/24/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | I'm an ED physician and partner in Indiana Emergency Care Staffing solutions. A democratic independent ED Group and I serve as vice president. |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | executive board member of Indiana ACEP, serve as secretary/treasurer |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | nsansone@iecss.net |

## Schiller,Elizabeth-date submitted:2026-09-26

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Middlesex Health, staff physician |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | Elizabeth Schiller, MD FACEP |
| Today's Date | 09/26/2026 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Education committee Connecticut College of Emergency Physicians |
| Email Address | eschiller01@gmail.com |

## Schlicher,Nathaniel-date submitted:2026-09-24

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Email Address | schlicnr@yahoo.com |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| If yes, please explain: | Chief Claims and Risk Officer Teamhealth |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please enter your full name. | Nathaniel Schlicher, MD, JD, MBA, FACEP |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Teamhealth, chief claims and risk officer - manage all PLI claims for TH nationally and oversee our insurance vehicle |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | BOD Rotary Gig Harbor Midday<br>BOD WAMPAC<br>BOD WAACEP PAC |
| Today's Date | 09/23/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

## Schmitz,Gillian-date submitted:2026-09-23

| | |
|---|---|
| Today's Date | 09/23/26 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please explain: | Center for Medical Education faculty |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | GillianMD@gmail.com |
| Please enter your full name. | Gillian Schmitz |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | USU Vice Chair of Education |

## Schwarz,Evan-date submitted:2026-10-02

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Evan Schwarz |
| Today's Date | October 1, 2026 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Email Address | schwarziee@me.com |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Multiple committees in ACMT<br>Editorial board member of Clinical Toxicology and Internal and Emergency Medicine<br>Medical Toxicology Subboard for ABEM and one of the ABEM certifying exam developers |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | David Geffen School of Medicine<br>physician |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Selley,Jeremy-date submitted:2026-09-28

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Jeremy Selley |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | jselley78@gmail.com |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | USACS |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Today's Date | 9/28/26 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | CHHF - board of directors |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

## Shangold,Gregory-date submitted:2026-09-23

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | gshangold@nemsed.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/23/2026 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please enter your full name. | Gregory Shangold, MD |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | A counselor for the Connecticut state Medical Society |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Northeast emergency medicine specialist, LLC. President and CEO as well as emergency physician mix of administrative and clinical duties. |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |

## Shermer,Chester-date submitted:2026-09-24

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Mississippi Medical Center, professor of EM. Medical directorships of TelEmergency Program, ED Observation Unit, and MCES AirCare and Critical Care Transport. |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | State Surgeon for the MS Army National Guard |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Chester Duane Shermer, MD |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 09/24/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | chet.shermer@gmail.com |

## Shoemaker,James-date submitted:2026-09-23

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | jshoemakermd@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Board of Directors |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vituity<br>HaloMD |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please explain: | SVP of physician engagement and advocacy with HaloMD |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 9/23/2026 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | James L Shoemaker Jr MD FACEP |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Sibold,Harry-date submitted:2026-10-03

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Today's Date | 9/23/26 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | harrysibold@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Va Medicus ER attending |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please enter your full name. | Harry Sibold, MD FACEP |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

## Simmers Pearson,Erin-date submitted:2026-09-25

| | |
|---|---|
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Erin Simmers Pearson |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 09/25/2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |
| Email Address | emsimmers@yahoo.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Western Emergency Physicians - Democratic Physician Group |

# 2026-2027 Council Meeting Conflict of Interest Form



## Sims,Marcus-date submitted:2026-09-24

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 9/24/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | marcus.l.sims@gmail.com |
| Please enter your full name. | Marcus Sims II, DO |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Integrative Emergency Services |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

## Smaltz,Virgil-date submitted:2026-09-23

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Virgil Smaltz, MD MPA FACEP |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | FFThompson hospital emergency medicine |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Member NYACEP government affairs |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09/22/26 |
| Email Address | vws@aol.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Smith,Douglas-date submitted:2026-10-01

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Email Address | douglas.smith@nuvancehealth.org |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Douglas A. Smith, DO, FACEP |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President of the Connecticut chapter of ACEP |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Northwell Health - Emergency Medicine |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 09/20/2026 |

## Sontag,RJ-date submitted:2026-09-30

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 9/30/26 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | RJ Sontag, MD |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Ohio ACEP President |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Email Address | rjsontag@gmail.com |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | MOES, emergency physician |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## Spano,Susanne-date submitted:2026-09-23

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | sspano@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Inspire Health, Multi specialty physician group, position attending physician, patient care and resident education |
| Please enter your full name. | Susanne J Spano |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/23/26 |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Immediate past president, CalACEP<br>President elect Wilderness Medical Society |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Squier,Ryan-date submitted:2026-09-24

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 9/24/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Mid Ohio Emergency services<br>Partner Physician<br>Associate medical director |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | ryansquiermd@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please enter your full name. | Ryan Squier, MD, FACEP |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Co chair Ohio ACEP Leadership Development Academy |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

## Staats,Katherine-date submitted:2026-10-03

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UCSD, Hospital, Attending physician, work as a doctor in the ED<br>Imperial County, EMS medical director, work as a doctor in EMS medical oversight |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please enter your full name. | Katherine Staats, MD |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Today's Date | 10/3/2026 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | katherinestaats@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Storch,Ian-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 9/24/2026 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Email Address | ian.d.storch@gmail.com |
| Please enter your full name. | Ian Storch, MD, FACEP |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Florida College of Medicine Jacksonville Associate Professor, Medical Director of UF Health North Emergency Department |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Stremick,Justine-date submitted:2026-09-25

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Please enter your full name. | Justine Stremick |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 25 Sept 2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vancouver Island Health Authority - emergency medicine shifts and direct patient care |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Email Address | jstremic@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

# 2026-2027 Council Meeting Conflict of Interest Form



## SurveyID:D2E53DE5-CF0E-422D-8838-98AF450BD19C-date submitted:2026-10-02

| | |
|---|---|
| Please enter your full name. | Damian Caraballo, MD, FACEP |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Today's Date | 10/1/2026 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | dcaraballo44@gmail.con |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | EMA tampa<br>EM MD |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | HCMA board |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form



## SurveyID:D83120E2-7A42-4AC7-B9C6-84606EF76662-date submitted:2026-10-02

| | |
|---|---|
| Please enter your full name. | Nathan Angle, MD |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | October 1 2026 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | nathanangle4@gmail.com |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | I am employed by Hawaii Pacific health, I am an Emergency Physician at Straub hospital. In this capacity I take care of patients in the emergency department. |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |

## SurveyID:ECCD33D2-2648-4F3E-B50F-13251FA35A7D-date submitted:2026-09-23

| | |
|---|---|
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Somy Thottathil |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Emergency Physician - Cleveland Clinic |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Email Address | somy.thottathil@gmail.com |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 09/23/2026 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |

## Taylor,Todd-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Todd B Taylor |
| Please indicate in the question below in which committee(s) or group you serve. | Past Speaker |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Today's Date | 09/23/2026 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | toddtaylormd@gmail.com |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Thompson,Jeffrey-date submitted:2026-09-30

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Jeffrey J. Thompson, MD |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | September 29, 2026 |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Commissioner, Commission on Medical and Dental Education - provides CME for international physicians and dentists<br>Secretary (Board of Directors), NY chapter ACEP<br>Board of Directors, Camp Cherith of Western New York - a summer camp in upstate NY<br>Houghton University President's Advisory Board |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UBMD Emergency Medicine<br>Academic emergency physician and associate residency directory |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Email Address | jeffrey_thompson@hotmail.com |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Thompson,K Robert-date submitted:2026-09-24

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please enter your full name. | K. Robert Thompson III, MD, MBA, FACEP |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 09/24/2026 |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Cincinnati Physicians; University of Cincinnati. I am an attending faculty member and medical director of the UCMC Emergency Department. I am responsible for caring for ED patients and the day-to-day operations of the UCMC ED. |
| Email Address | krobert.thompson@gmail.com |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | I am on the Ohio ACEP Board of Directors.<br>I am on the SAEM Clinical Operations and Administration committee, as a general member. |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

## Thran,Alexandra-date submitted:2026-09-24

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | WARREN EMERGENCY MEDICINE, PLLC. CEO AND SINGLE EMPLOYEE |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 09/24/2026 |
| Email Address | NIKIERMD@GMAIL.COM |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Please enter your full name. | ALEXANDRA NICOLE THRAN, MD, FACEP |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

## Torkilsen,Christopher-date submitted:2026-10-02

| | |
|---|---|
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Medical College of Wisconsin, Assistant Professor in the Department of Emergency Medicine working as an emergency medicine physician providing direct patient care in emergency departments while also teaching and supervising medical students and residents. |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Christopher Torkilsen, DO |
| Email Address | ctorkilsen@mcw.edu |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Today's Date | 10/2/26 |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | No |

# 2026-2027 Council Meeting Conflict of Interest Form

## Traill,Larisa-date submitted:2026-09-23

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Council Officer |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please enter your full name. | Larisa Traill |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Today's Date | 09/23/26 |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Email Address | larisa.traill@gmail.com |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | MCEP LDP Co-Director<br>ABEM Examiner |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | McLaren Medical Group |

## Vendsel,Lane-date submitted:2026-10-01

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Please enter your full name. | Lane Vendsel |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 10/01/2026 |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Email Address | lane.vendsel@gmail.com |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Trinity health, Minot Nort Dakota. Attending physician in emergency medicine, treating patients. |

## Viccellio,Asa-date submitted:2026-09-25

| | |
|---|---|
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Today's Date | September 25, 2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Asa Viccellio MD |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Stony Brook Medicine. Associate CMO, ED faculty, professor in the medical school. Teaching, administration, and patient care. |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | petervic@me.com |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |

## Von Schweinitz,Benjamin-date submitted:2026-09-25

| | |
|---|---|
| Please enter your full name. | Benjamin von Schweinitz, MD |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 9/25/26 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Email Address | Benjamin.vonschweinitz@gmail.com |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | alabama acep, board member<br>a |

| | |
|---|---|
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | University of Alabama at Birmingham hospital, Academic Faculty |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

## Weber,Deborah-date submitted:2026-10-02

| | |
|---|---|
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Illinois College of Emergency Medicine Education Committee. Developed Educational Materials and courses and direct/teach courses. |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | dewebermd@aol.com |
| Please enter your full name. | Dr. Deborah Ellen Weber |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Today's Date | 10/2/2026 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Self-employed Medical Education |

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Wernimont,Thomas-date submitted:2026-09-24

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | Thomas Wernimont MD |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Email Address | thomas.wernimont@gmail.com |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Today's Date | 09/24/2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | McFarland Clinic - attending physician<br>ApolloMD (MercyOne Des Moines, West Des Moines, Newton) - attending physician<br>Takeda/Biolife - Medical Director<br>Waukee EMS - Medical Director |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |

## Williams,James-date submitted:2026-09-23

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please explain: | consult with Eagle Pharma, Milestone Pharma, Ceribell device |
| Email Address | drjmwilliams@gmail.com |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | Yes |
| Please enter your full name. | James M. Williams, DO, MS, FACEP Clinical Professor Emergency Medicine |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Today's Date | 9/23/26 |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | Fisher Paykel, Bausch pharma |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | USACS, Emergency Medicine physician |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | President Elect, MedChi Maryland State Medical Society |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |

## Williams,Sandra-date submitted:2026-09-23

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Please enter your full name. | Sandra Williams |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Envision |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Email Address | sandrajwilliams11@gmail.com |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Today's Date | 9/23/26 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |

## Wilson,Christopher-date submitted:2026-09-24

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | PACEP - BOD |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | cjwilson1381@gmail.com |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Christopher Wilson |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 9/24/26 |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Geisinger Clinic- EM residency director |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |

## Winston,Lori-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Today's Date | 9/24/2026 |
| Email Address | loriwinstonmd@gmail.com |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Director of Academic Affairs for Vituity |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| Please enter your full name. | Lori Winston MD FACEP |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

## Wright Becker,Carol-date submitted:2026-09-23

| | |
|---|---|
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| If yes, please explain: | na |
| If yes, please explain: | na |
| If yes, please explain: | na |
| If yes, please explain: | na |
| If yes, please explain: | na |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Tellers, Credentials, Elections Committee |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Please enter your full name. | Carol Wright Becker |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | caroldoctorwright@gmail.com |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Steering, elections, federal government |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |

| | |
|---|---|
| If yes, please explain: | na |
| If you have any questions or concerns about this form, please contact the Office of the General Counsel at 800-798-1822. | na |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | WVU West Virginia University associate professor, clinician. Teacher and attending in the Emergency Department. |
| Please indicate in the question below in which committee(s) or group you serve. | Steering Committee |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| If yes, please explain: | na |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Today's Date | 9/23/26 |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| If yes, is your family member currently or was formerly employed in an emergency department or in urgent care? | na |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |

# 2026-2027 Council Meeting Conflict of Interest Form



## Yates,Melanie-date submitted:2026-09-25

| | |
|---|---|
| Today's Date | 09/25/2026 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Email Address | yates.melanie28@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |

# 2026-2027 Council Meeting Conflict of Interest Form



| | |
|---|---|
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UC Physicians/University of Cincinnati<br>Assistant Professor of Emergency Medicine<br>Public Health Section |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Please enter your full name. | Melanie Yates |

## Yazel,Eric-date submitted:2026-09-24

| | |
|---|---|
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Please enter your full name. | Eric Yazel |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Indiana State Department of Health-Chief Medical Officer and State EMS Medical Director |

# 2026-2027 Council Meeting Conflict of Interest Form

| | |
|---|---|
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Email Address | eryazel@health.in.gov |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Today's Date | 09/23/2026 |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |

## Zapata,Luis-date submitted:2026-09-28

| | |
|---|---|
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Today's Date | 9/28/2026 |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Please enter your full name. | L. Carlos Zapata, MD, FACEP |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Speaker, Medical Society of the State of New Yrok |
| Email Address | lc.zapata204@gmail.com |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |

| | |
|---|---|
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Physician Affiliate Group of New York, P.C. - Director of Community Outreach for the Emergency Department at NYC Health + Hospitals/South Brooklyn Health |

# 2026-2027 Council Meeting Conflict of Interest Form

## Zapp,Zinta-date submitted:2026-09-26

| | |
|---|---|
| Today's Date | 9/25/26 |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | UPMC Harrisburg hospital - emergency medicine physician |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| Please enter your full name. | Zinta Laila Zapp |
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Email Address | zinta.zapp@gmail.com |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |

## Zeger,Wesley-date submitted:2026-09-24

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Nebraska Medicine/UNMC<br>--> Executive Vice-Chair, Department of Emergency Medicine<br>--> Credentials Committee Chair - review credentials for all privileged providers at Nebraska Medicine's UNMC campus<br>--> President Elect-Medical Executive Committee - Fulfill duties of the president in their absence |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| Please indicate in the question below in which committee(s) or group you serve. | Councillor |
| Email Address | wzeger@unmc.edu |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | Yes |
| Please enter your full name. | Wesley Zeger |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity. | Currently Chair of the State of Nebraska Board of Medicine and Surgery |

| | |
|---|---|
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| Today's Date | 24Sept26 |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | Yes |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |

## Zimmerman,Lindsay-date submitted:2026-10-02

| | |
|---|---|
| I have read the ACEP Business Arrangements Policy, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | item1 |
| Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company: | No |
| Today's Date | 10/2/2026 |
| Did you receive any industry-sponsored research support within the preceding twenty-four (24) months? | No |
| Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. Board of Directors positions, committees and/or spokesperson roles)? | No |
| Did you receive any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products? | No |
| If yes, please indicate the name of the your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities. | Vitality |
| Please enter your full name. | Lindsay Zimmerman MD |
| Email Address | lindsaytzimmerman@gmail.com |
| I have read and agree to abide by the Leadership and Volunteers Conduct Policy to ensure that Directors, Committee members, Councillors, and other ACEP volunteers can perform their valuable services to ACEP free of harassment and discrimination. | Yes |
| My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement, the Leadership and Volunteers Conduct Policy, and Business Arrangement Policy are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form. | Yes |
| Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, sibling-in-law, child in laws, parent in law, stepparent, stepchildren, guardian, ward, or a member of your household. | No |
| By serving in a role such as Councillor, Alternate Councillor, Council Officer, Council Committee member, Leadership Development Advisory Committee member, Board of Directors, Past President, Past Speaker, Past Chair of the Board, or as ACEP Staff, for which I have been asked to complete this agreement: I acknowledge my fiduciary responsibility to ACEP and agree to avoid conflict of interest or the appearance of conflict of interest. | Yes |
| I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made in the future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Works. ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Works, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative work from the Works; and (iv) to present such derivative work orally as well as distribute or authorize publication of the derivative Works for educational, personal, or other noncommercial uses or for my own professional use. | Yes |
| I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold. | Yes |
| Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest: | No |
| Please indicate in the question below in which committee(s) or group you serve. | Alternate Councillor |

| | |
|---|---|
| Did you receive any speaking fees from non-academic entities during the preceding twenty four (24) months? | No |
| Do you have any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a)holding a position of responsibility; b)an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| Do you have any outside relationships with any health plan, health insurance company, delegated payer, health insurance company administrative service organization, or health insurance company related philanthropic organization or entity where such relationship involves: a) holding any position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any stipend, contribution, gift, gratuities, lodging, dining, or entertainment valued at more than $100? | No |
| I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information. | Yes |
| Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information: Are you employed: | No |
| I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP. | Yes |