

RESOLUTION OF CONFLICT OF INTEREST

- I will report all potential conflict of interest association
- I will refrain from making recommendations, regarding products or services that I have a vested interest in
- I will or have divested myself of this financial relationship
- I will remove myself from any activity associated with my role as member of Board of Directors or committee work in which I have a conflict of interest

DECLARATION

I declare having disclosed all sources that may be reasonably construed as conflict of interest. I agree to strive for balance, independence and objectivity in my role on the CSAM-SMCA Board of Directors. I acknowledge that it is my responsibility to notify the CSAM -SMCA Executive Committee of any change in status of the above information, including new conflicts unanticipated at this time.

** Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made as deemed necessary.

I, [PRINT FULL NAME] NAVED ALI have reviewed the declaration form instructions & guidelines, and the information above is accurate. I understand that this information will be made publicly available on the CSAM-SMCA website.

Signature 

Date FEB 28 2021

Canadian Society of Addiction Medicine Board of Directors Conflict of Interest Disclosure Form

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions. The intent of this disclosure requirement is to inform of any potential bias, not to prohibit participation.

Disclosure is an ongoing obligation. You are expected to notify the CSAM-SMCA executive committee of any circumstances that arise during the course of your Board of Directors work that affect the completion of this declaration.

What to disclose: All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

- I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization.
- I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization.

Complete the section below as it applies to you during the past two calendar years, indicating the commercial organization(s) and briefly explaining your affiliation.

	Board members	Company/Organization	Details
A	<input checked="" type="checkbox"/> I am a member of an Advisory Board or equivalent with a commercial organization		
C	<input checked="" type="checkbox"/> I am a member of a Commercial Speakers' bureau		
D	<input checked="" type="checkbox"/> I have received payment from a commercial organization (including gifts or other consideration or 'in kind' compensation)	Jazz Airlines Airline Pilots Association	Pilot monitoring
E	<input checked="" type="checkbox"/> I have received a grant(s) or an honorarium from a commercial organization		
F	<input checked="" type="checkbox"/> I hold a patent for a product that is marketed by a commercial organization		
G	<input checked="" type="checkbox"/> I, or a close family member (partner, spouse, parent, sibling or child) receive or may receive financial remuneration (including speaking or consulting fees, patents or other royalties, employment, including contract or consultancy, stock or other corporate ownership grants, loans or other financial interest) from a pharmaceutical organization, cannabis company or related business, medical devices company or communication firm aside from mutual funds		
H	<input checked="" type="checkbox"/> I am currently or have participated in a commercial clinical trial associated with a pharmaceutical or cannabis company within the past two years		