

Employee Conflict of Interest Questionnaire

Instructions & Definition of Terms

Shepherd Center prohibits its employees and other associates from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of the company, its patients or its vendors. Therefore, employees are expected to disclose any known or suspected conflict(s) of interest that they or their immediate family may have, through affiliation or ownership, with any firm that does business with Shepherd Center or which competes with the organization, in accordance with Shepherd Center's policy ([AC.ADM.01.22](#)).

This Questionnaire was designed to help us identify whether or not you may have any potential conflicts that could pose a risk to our organization.

Instructions:

Section A: Take a moment to read each question and answer appropriately. Provide an explanation for any "Yes" responses in the space provided. If you have spent any time with an outside entity and/or have directly received any compensation from an outside entity that needs to be reported, proceed to Section B. Otherwise, save this form and email it to compliance@shepherd.org.

Section B: Complete each field to the best of your ability, making sure to indicate the total time spent with the entity and the compensation received for each outside activity. When finished, save this form and email it to compliance@shepherd.org.

Note: Documents such as contracts, invitations, conference brochures, etc. may be requested for review.

Definition of Terms:

The following terms are used throughout this questionnaire and are defined to help you gain a better understanding of the questions.

Financial Interest: Anything of monetary value, including but not limited to, salary or other payments for services (e.g. consulting fees or honoraria), equity interests (e.g. stock, stock options or other equity ownership interests), and intellectual property rights (e.g. patents, copyrights and royalties from such rights) regardless of the dollar amount. This does not include interest arising solely by reason of investment by a mutual fund, pension, or other institutional investment fund or blind trust.

Immediate Family: This includes spouse/partner, parents/step parents, children/step children and siblings (whether by whole, half-blood or marriage, or domestic partnership) and other persons living in the employee's household. Employees are only required to disclose known family associations and equity interests.

Outside Entity: Shall mean any person or entity that:

- 1) Provides goods or services to, or otherwise does business with Shepherd Center;
- 2) Competes with Shepherd Center;
- 3) Sponsors or supports research, education or clinical services at Shepherd Center, and
- 4) Has any business or financial relationship with Shepherd Center.

Shepherd Center

Employee Conflict of Interest Questionnaire

Date: _____

Name: _____

Title: _____

Department: _____

Extension: _____

Section A.

		Yes	No
1	Do you or an Immediate Family member have a role or Financial Interest in an Outside Entity?		
If Yes, Explain:			
2	Do you or an Immediate Family member have a Financial Interest (including stock options) in a publicly-traded healthcare company?		
If Yes, Explain:			
3	Do you or an Immediate Family member have intellectual property rights (e.g., patents, trademarks, copyrights or agreements to share royalties) that are held or optioned to an Outside Entity?		
If Yes, Explain:			
4	Do you or an Immediate Family member receive royalties from an Outside Entity?		
If Yes, Explain:			
5	Have you or an Immediate Family member received speaking (e.g., seminars or teaching) or consultation (e.g., advisory committees) payments from an Outside Entity?		
If Yes, Explain:			
6	Do you or an Immediate Family member receive any payments for serving as a board member or officer of an Outside Entity?		
If Yes, Explain:			
7	Have you received any sponsored travel for any activity (e.g., teaching, advisory committee, etc.) for you or an Immediate Family member from an Outside Entity?		
If Yes, Explain:			

8	Are you responsible for the design, conduct or reporting on any research or grant funding where you directly receive payment from an Outside Entity?		
If Yes, Explain:			
9	Have you been paid any fees for acting as an outside expert witness?		
If Yes, Explain:			
10	As part of your job duties, are you responsible for any purchasing or procurement of products from an Outside Entity from which you receive any form of payment?		
If Yes, Explain:			
11	Do you prescribe, loan, or use products or devices from an Outside Entity from which you receive payment?		
If Yes, Explain:			
12	Have you received any gift from an Outside Entity whose value exceeds \$200?		
If Yes, Explain:			
13	Have you or an Immediate Family member received a loan from an Outside Entity related directly or indirectly to Shepherd Center?		
If Yes, Explain:			
14	Have any payments to any third party been paid on your or any Immediate Family member's behalf by any Outside Entity?		
If Yes, Explain:			

Section B. Please advance to the "**Time & Disclosure Form**" on page 4 **ONLY** if you have spent any time with an outside entity and/or have directly received any compensation (*1099, Salary, Consulting Fees, Honoraria, Gifts above \$200, etc.*) from an outside entity that needs to be reported. If not, please save this form and email a copy to compliance@shepherd.org.

Section B.

**Shepherd Center, Inc.
Time & Compensation Disclosure Form**

Please list time spent and any compensation (1099, Salary, Consulting Fees, Honoraria, Gifts above \$200) that you directly received from all outside entities on the form below.

NAME OF COMPANY/ ENTITY/INDIVIDUAL	DATE OF ACTIVITY	TIME SPENT	DESCRIPTION OF OUTSIDE ACTIVITY	COMPENSATION RECEIVED FOR THE OUTSIDE ACTIVITY

Thank you for taking time to complete this questionnaire.
Please email a copy of this questionnaire to compliance@shepherd.org for review.

Thank you.