

Request to Accept Free Attendance Under the Widely Attended Gathering (WAG) Exception

US Department of Health and Human Services
Office of the National Coordinator for Health Information Technology

Any offer of free attendance (e.g., waiver of registration fee, reception, dinner) is a gift and must be evaluated to determine if acceptance is appropriate. Employees may be permitted to accept such gifts under the exception to the gift rule found in the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. § 2635.204(g)). There is currently no precise test for determining whether an event is “widely attended” but the questions below enable the Deputy Ethics Counselor to make a determination in a given case.

Free attendance on the day(s) of actual participation in an event is a customary and necessary part of performance of official duties. Free attendance on those days that is offered by the sponsor of the event, including meals offered to all attendees as a part of the event, does not involve a gift to the employee or the agency. If this is the case, do not complete this form.

For gifts of waived registration, the agency may accept the offer using the Sponsored Travel (HHS-348) mechanism unless it is a local event. For local events, use this form for gifts of free attendance at meals, receptions, and similar events.

Gifts accepted based on this form are gifts to the employee, and attendance must be on the employee’s own time or excused absence.

*** BLANKET WAG REQUEST FORM ***

Instructions:

- (1) Assign a single point of contact (POC) to prepare this form on behalf of all ONC staff who plan to attend the event. The POC will also be responsible for obtaining signatures for all employees and their supervisors, as explained below.
- (2) Enter the POC’s name and contact information in Boxes 1 and 3.
- (3) Complete the form, providing detailed justifications and responses to each question. If you have not prepared a blanket WAG request before, sample WAG forms are available from ONC Ethics staff as an aid to completing this form.
- (4) Once the form is completed, but prior to obtaining signatures from the prospective attendees and their supervisors, forward the form and supporting materials to ONC Ethics to make sure it is complete. Ethics staff may ask for additional information and/or supporting materials.
- (5) Using Attachment A (the last page of this form), collect the **names and signatures of each employee** who will attend the event.
- (6) Similarly, for all employees who will attend the event, collect the **names and signatures of the employees’ supervisors** (or other manager in their chain of command).
- (7) Once all original signatures have been obtained, **hand-deliver the form and all attachments and supporting materials** to ONC Ethics.

Your ONC Ethics point of contact is **Chartése Day** — (202) 344-5282 | chartese.day@hhs.gov (cc: ONC.Ethics@hhs.gov).

1. Point of Contact	2. Request Date	
	3. Office Telephone Number	
4. Outside Organization Sponsoring the Event (full name and City, State or Country)		
5. Full Name of the Event		
6. Location of Event (City, State or Country)	7. Date of Event	8. Time of Event (include a.m. or p.m.)

9. Is the employee assigned on official duty to participate as a speaker, panel member or otherwise to present information on behalf of ONC at a conference or similar engagement? ☐ Yes ☐ No

If yes, attendance on the day(s) of the employee's actual presentation is a customary and necessary part of his/her performance of the assignment and does not involve a gift to the individual or ONC. No further action is necessary. If no, then proceed to question #10.

10. Who invited you to attend, the event sponsor or someone else?

☐ The event sponsor

☐ Someone other than the event sponsor

If invited by a non-sponsor at least 100 persons must attend and the gift of free attendance must have a market value of \$350 (total self and guest) or less to meet the definition of a widely attended gathering (WAG). (See the Financial Disclosure note regarding changes to the reporting threshold.)

11. Did you solicit the invitation?

☐ Yes

☐ No

- If Yes, the invitation may not be accepted.
- If No, proceed to Question 12.

12. What is the purpose of the event (e.g., reception honoring someone, event not directly related to a conference you are attending)?

13. Who else will attend (e.g., other Government employees, industry, public, scientists, etc.)?

14. Is the event open to individuals from throughout a given industry (e.g., the healthcare industry)?

☐ Yes

☐ No

If Yes, please provide a brief description including the different interests and points of view they may represent.

15. Will individuals in attendance represent a range of persons interested in a given matter (e.g., federal, state, or local officials; health care practitioners; pharmaceutical industry representatives)?

☐ Yes

☐ No

If Yes, please provide a brief description of likely attendees.

16. How many people are expected to attend? _____

17. Accompanying spouse or other guest.

a. Does the invitation include attendance by your spouse or other guest?

☐ Yes

☐ No

b. Will other attendees generally be accompanied by their spouse or other guest?

☐ Yes

☐ No

c. Will a guest accompany you?

☐ Yes

☐ No

a. Does your guest work for DHHS? If Yes, which component? _____

☐ Yes

☐ No

☐ Not Applicable

18. What is the value of the gift of free attendance (value of dinner or reception, face value of a ticket, etc.)? (Include value of guest's gift if a guest is invited and will attend.)

\$ _____

19. Who provided the information about the event with regard to the value of the gift of free attendance (e.g., information on the invitation; someone from the sponsoring organization)?

20. Explain how your attendance will further agency programs (e.g., networking, information sharing, etc.).

21. a. Can your performance or non-performance of your official responsibilities have any effect on the sponsor?

☐ Yes

☐ No

b. If the sponsor is an organization, does the majority of its members have such interests that could be affected by the performance or non-performance of your official duties?

☐ Yes

☐ No

c.

☐ Yes to either a or b: If YES to either question, answer the next 2 questions.

☐ No to both a and b: If NO to both questions, attach the invitation, and continue at #24.

22. If the answer to #21a or #21b is YES, explain the nature and sensitivity of any pending official matter(s) affecting the interests of the event sponsor or the majority of its members. How would the inviting entity be affected by something you do in your official capacity?

23. If #21a or #21b is YES, describe your role, if any, in the matter described above.

******Attach the invitation letter, email, or other information regarding the event.******

24. ETHICS COORDINATOR RECOMMENDATION AND SIGNATURE

Based on my review of the foregoing statements and supporting documentation in light of the requirements of 5 C.F.R. § 2635.204(g), I:

- ☐ Recommend Approval
- ☐ Recommend Approval with the Following Conditions(s):
- ☐ Do Not Recommend Approval

Sign & Date: _____

25. DEPUTY ETHIC COUNSELOR (OR DESIGNEE) DECISION AND SIGNATURE

Based on my review of the foregoing statements and supporting documentation supplied by the applicant, this constitutes my determination, as required by 5 C.F.R. § 2635.204(g), that the employee's request is:

- ☐ Approved as Requested
- ☐ Approved with the Following Conditions(s):
- ☐ Disapproved

Sign & Date: _____

NOTICES

FINANCIAL DISCLOSURE

Gifts of free attendance, including meals, entertainment, or other benefits incident thereto, received in a year from one source for the personal use, disposition, or retention by the employee valued individually at \$140 or more, and which aggregate \$350 or more must be disclosed by employees who file a financial disclosure report. Incumbent and termination filers of the SF-278 Public Financial Disclosure Report include these items on Schedule B, Part II of the form. Confidential Financial Disclosure Report (OGE-450) filers include these items in Part V. (Note that the reporting threshold is determined every 3 years; check the financial disclosure requirements for the current amount.)

CERTIFICATION

The signature of the employee on this form certifies that the statements made and information provided on this form are true, complete, and correct to the best of the individual's knowledge.

PRIVACY ACT STATEMENT

The Ethics in Government Act, 5 U.S.C. App. § 101, *et seq.*, Executive order 12674, as amended by Executive Order 12731, Sections 301 and 7301 of Title 5 of the U.S. Code, and Section 2635.204 of Title 5 of the Code of Federal Regulations authorize the collection of this information. Disclosure of this information is mandatory for employees seeking prior authorization from an agency designee to receive a gift of free attendance pursuant to Section 2635.204 of Title 5 of the Code of Federal Regulations. Failure to provide the requested information may result in the denial of the request for approval. Falsification of information or failure to file or report information required to be reported may subject the employee to disciplinary action. Knowing and wilful falsification of information required to be reported may subject the employee to criminal prosecution. The primary use of this information is to allow HHS supervisors, management officials, and ethics officials to make necessary determinations concerning employee requests to accept gifts of free attendance in order to prevent a conflict of interest or other violations of the statutes, regulations, and executive orders governing employee conduct. The information is also requested, pursuant to 5 C.F.R. §§ 2638.203(b)(9), (10), and (11), for the purpose of evaluating ethics program administration, as well as the Department's

supplemental ethics regulations, to determine their continued adequacy and effectiveness in relation to current agency responsibilities and to ensure that prompt and effective action is taken to remedy violations or potential violations, or appearances thereof, of conflict of interest and related ethics provisions. Additionally, this information may be disclosed to: (1) the Office of Personnel Management, Office of Government Ethics, Merit Systems Protection Board, Office of the Special Counsel, Equal Employment Opportunity Commission, Federal Labor Relations Authority, Federal Service Impasses Panel, Federal Mediation and Conciliation Service, and an arbitrator, in carrying out their functions; (2) a Federal, State, or local agency charged with investigating or prosecuting violations of, or implementing, the law, in the event there is an indication of a violation or potential violation of civil, criminal or regulatory law; (3) a Federal, State, or local agency maintaining enforcement records or other pertinent records, such as current licenses, if necessary to obtain a record relevant to an agency decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit; (4) the National Archives and Records Administration or the General Services Administration in records management inspections; (5) the Office of Management and Budget during legislative coordination on privacy relief legislation; (6) Federal agencies with power to subpoena other Federal agencies' records; (7) a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (8) private firms with which the Department may contract for the purpose of collating, analyzing, aggregating or otherwise refining records; (9) a Member of Congress or a Congressional office, pursuant to an inquiry made at the request of the individual who is a subject of the record; (10) the Department of Justice in defense of litigation; and (11) contractors and other non-Government employees working for the Federal Government to accomplish a function related to an Office of Government Ethics Government-wide system of records. This report will not be disclosed to any requesting person unless authorized by law. See the OGE/GOVT-1 Government-wide executive branch system of records.

Attachment A - for Blanket WAG

Employee's Name	Center/Office	Telephone #	Employee's Signature*	Supervisor's Name	Supervisor's Signature**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

* Employee's signature acknowledges that the employee:

- A. has read the attached notices and requests permission to accept the gift of free attendance at the event described above.
- B. understands that they may not attend the event described above until receiving approval from the Deputy Ethics Counselor.
- C. understands that the WAG exception involves a gift to the individual and not to the agency and that they must be on approved absence or leave if the event occurs during their regular duty hours.

** Supervisor's signature acknowledges that they have recommended approval for the employee to accept the gift of free attendance.