



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

Conflict of Interest Information and Disclosure Statement

A Council member is obligated to put the interests of the College ahead of their own. The mandate of the College is to regulate the profession in the public interest – not the interest of the profession. All Council members must do so at all times. Further to this, Council members are required to avoid conflicts of interest whenever possible, and take steps to manage conflicts when one cannot be avoided. Conflicts of interest can be real, potential, or apparent, and may include you or one of your family members (i.e., parent, spouse, child).

This form is intended to help Council members recognize any conflicts of interest they may have and allow the College to help them manage their conflicts appropriately. If a member fails to declare a conflict of interest, it can result in a breach of the bylaws, a breach of their fiduciary duties and, in extreme cases, legal liability.

To be clear, by disclosing this information you are not automatically declaring a conflict of interest. You are merely providing relevant information so that the staff of the College can assist you to comply with your fiduciary duties to the College. Therefore, it is important that you complete this form honestly and accurately. If members do not understand any question, they must seek clarification with College staff.

Members understand that the College may follow up with them and ask for further clarification. Members are expected to provide any requested information in a prompt manner.

Members understand that even after completing this form, they are still expected to carefully review all agenda items and carefully consider whether they have a real, potential or apparent conflict of interest. If so, they understand that it is their responsibility to declare such a conflict at the start of the meeting.

- 1) Am I aware of any situation or circumstance that is, or may appear to be, a conflict of interest regarding my role as a Council member?

☐ YES ☒ NO

If yes, please explain:

- 2a) Do I currently hold a responsible position such as director, owner, board member, officer or employee of a TCM Professional Association?

☐ YES ☒ NO

If yes, please explain:

2b) Have I held such a position in the past?

☒ YES ☐ NO

If yes, please explain:

Very brief stint on board of CMATAC in 2012
prior to

3a) Do I currently hold a position such as director, owner, board member, officer or employee of another organization where my duties may be seen by a reasonable person as influencing my judgment in a matter under consideration of the Council or its Committees?

☐ YES ☒ NO

If yes, please explain:

3b) Have I held such a position in the past?

☒ YES ☐ NO

If yes, please explain:

Possibly as past program coordinator at Georgian
College but this is considered a faculty position &
decision maker

4) Am I aware of any situation where I could advance my own interests, directly or indirectly by using College property or information?

☐ YES ☒ NO

If yes, please explain:

5) Do I hold any other position, contract or appointment with the College while serving as a member of Council or its Committees?

☐ YES ☒ NO

If yes, please explain:

- 6) Please disclose any current or recent affiliations, interests or relationships that I, or one of my family members may have in the chart below. Please include any information that you think may be relevant.

When completing the form please include the name of person who may have the conflict, where the conflict is (i.e. an association, employment etc.), what is the role or relationship, and the date started.

When completing Past Affiliation, please include the date the affiliation with the association ended.

For the purpose of the chart:

- Current or recent affiliations, interests or relationships may be a conflict of interest if it directly or indirectly affects the personal or financial interests of a:
 - Council member/Committee member;
 - Parent, spouse, child or sibling of a Council member;
 - Spouse of a parent, child or sibling of a member of Council or its Committees.
- The term "spouse" includes a common-law spouse and a same sex partner of the person.

Name	Current Affiliation	Role/Relationship	Starting Date

Name	Past Affiliation	Role/Relationship	Ending Date
CTCMPAD		Council member	August 2018

- 7) I hereby disclose that my primary sources of income are:

Name	Role/Position	Starting Date
Georgian College	Faculty	Jan 2016

Langwellness Centre	Clinical Director / RTAMP	Sept 2018

- 8) I understand that if I have a conflict of interest when reviewing the meeting package, I will consult with the President, Registrar, or legal counsel.

☒ YES ☐ NO

- 9) I understand that if I am unsure a conflict of interest exists, I will consult with the President, Registrar, or legal counsel. If doubt remains, I will disclose the possible conflict to the Council or Committee and accept their direction as to whether a conflict exists.

☒ YES ☐ NO

- 10) I understand that when a conflict of interest exists or may exist, I must do the following:

- a. prior to any consideration of the matter at the meeting, disclose the fact that I have a conflict of interest;
- b. not take part in the discussion of, or vote on, any question in respect of the matter;
- c. leave the portion of the meeting relating to the matter; and
- d. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

☒ YES ☐ NO

- 11) I understand that if I believe that another member of Council or a Committee has a conflict which has not been declared, I have an obligation to raise that concern. The concern should be raised before discussion of the item in question.

☒ YES ☐ NO

- 12) I understand that every declaration of conflict of interest must be recorded in the minutes of the meeting.

☒ YES ☐ NO

I affirm that the information provided on this form is complete and accurate. I understand that the College will use this information to help me recognize any conflicts of interest I may have, and to manage the conflicts appropriately.

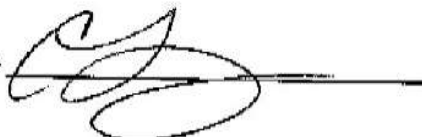
I confirm that I understand each question. If I did not fully understand the question, I sought out clarification from College staff.

I understand that despite completing this form, I am still required to disclose and declare any conflicts of interest at Council and committee meetings.

I understand that if any of the information changes, I am required to immediately alert College staff so that this form can be updated.

I understand that failing to disclose or declare a conflict of interest is very serious and can damage the reputation of the College and my own reputation. I also understand that it can result in me being removed from Council or Committees.

Signature



Date Nov 7/23