

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

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

Meiying Chen

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.

If so, they understand that it is their responsibility to decl	
Am I aware of any situation or circumstance that is, or mamy role as a Council member?	ay appear to be, a conflict of interest regarding
YES NO	
If yes, please explain:	
) Do I currently hold a responsible position such as director a TCM Professional Association?	r, owner, board member, officer or employee
YES VNO	
If yes, please explain:	

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 Affil	liation, please include the date	the affiliation with the associ	iation ended.					
For the purpose of the char	rt:							
or indirectly affect Council me Parent, spe Spouse of	affiliations, interests or relation in the personal or financial intender/Committee member; ouse, child or sibling of a Coun a parent, child or sibling of a manual of a common-law spour	rests of a:	mittees.					
The term spouse	morados d sommon tan spesi		•					
Name	Current Affiliation	Role/Relationship	Starting Date					
Name	•							
	•							
Name	•							
Name								
Name N/IX	Current Affiliation	Role/Relationship	Starting Date					
Name N/l Name								
Name N/IX	Current Affiliation	Role/Relationship	Starting Date					
Name N/l Name	Current Affiliation	Role/Relationship	Starting Date					

Starting Date

Role/Position

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

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8)		that if I have a conflic , Registrar, or legal co		n reviewing the m	eeting package, I	will consult with		
	∠ 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 o	of interest exists	or may exist, I mus	t do the following	nayed •		
	the state of the s	a. prior to any consideration of the matter at the meeting, disclose the fact that I have a conflict of interest;						
	b. not take pa	art in the discussion o	of, or vote on, any	question in respe	ct of the matter;			
	c. leave the p	ortion of the meeting	g relating to the n	natter; 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	not been dec	that if I believe that a lared, I have an obliga the item in question.	ation to raise tha					
	✓ YES	NO						
12) I understand meeting.	that every declaration	n of conflict of in	terest must be rec	orded in the minu	tes of the		
	✓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 Mengine Chen

Date Nov 08, 2022