



APPLICATION FOR 2017 ATHN COMMITTEE MEMBERSHIP

Thank you for volunteering! We appreciate your willingness to contribute to the future direction of ATHN at this pivotal time. ATHN committee membership is a serious responsibility and the impact is substantial. If you volunteer and are appointed to a committee, please be a conscientious and responsible volunteer or refrain from committee work until your schedule is more convenient. An effort will be made to match your interest with an appropriate committee. Please complete and submit this application by email to **volunteer@athn.org** by **November 1, 2016**, along with **your curriculum vitae**, to be considered for ATHN committee membership. If you are selected for a committee, you will be notified by ATHN in writing. Committee appointments extend from January to December 31, 2017. A completed Disclosure of Potential Conflict of Interest, as adopted by the ATHN Board of Directors October 2006, should accompany your application. Thank you!

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|---------|---------------|-------------|----------|
| Name | Title | Affiliation | |
| Address | City | State | Zip Code |
| Phone | Email address | HTC # | |

Please indicate your area of interest:

OPERATIONAL COMMITTEES:

- Privacy, Security, and Data Access Committee
- Community Relations and Communications Committee
- Technology Committee

RESEARCH COMMITTEES:

- Data Quality Committee
- Project Review Panel
- Research Committee

CLINICAL COMMITTEES / WORKING GROUPS

- Rare Coagulation Disorders
- Thrombosis

ADMINISTRATIVE COMMITTEES:

- ATHN Board
- Development Committee (fundraising)
- Budget and Finance Committee
- Other _____

Please provide a brief statement of your interest in the selected ATHN committee.

What expertise will you bring to the selected ATHN committee?

In what other organizations have you recently held membership/leadership positions?

| Organization | Role | Year(s) | How you Contributed |
|--------------|------|---------|---------------------|
| | | | |
| | | | |
| | | | |

How many hours per month are you available for ATHN volunteer efforts? _____ hours/month

Please provide two personal references:

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
| | | |
| Name | Relationship | Phone |
| | | |



DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

In concert with its policy, ATHN requires all of its officers, directors, committee members or staff members to disclose in writing all personal and/or proprietary conflicts of interest whether actual or potential and all circumstances which may give the appearance of a conflict. ATHN also considers relationships between you and certain businesses and/or business interests to be a potential conflict. The policy includes covered individuals and their immediate families. Conflicts of interest do not include philosophical or professional differences of opinion.

Disclosure may result in no action or may be determined to be critical enough that you elect or be asked to excuse yourself from ATHN decisions when such a conflict exists.

Your Position with ATHN: Officer Director Committee Member Staff Member Consultant

Entity to which you are employed: _____

Are you an officer, partner, proprietor or major shareholder of your employer or any other business entity, including but not limited to any other health care organization, supplier, contractor doing business with ATHN or donating funds to ATHN?

Yes No If yes, please list below.

Have you or any of the entities listed above had any financial transactions (donations, contracts, sales, consulting agreements, etc.) with ATHN since you have been an Officer, Director, Committee Member, Staff Member or Consultant; and do you know of any contemplated?

Yes No If yes, please list all below, including type and amount.

Are you acting in any capacity (officer, director, employee, agent, independent contractor, consultant, etc.) or have you received payments, services or loans (other than de minimus amounts not exceeding \$25 annually) from not-for-profit or for-profit entities involved in the research, development, sales, marketing, distribution or advocacy related to thrombosis and hemostasis in fields of 1) pharmaceuticals and related products or services; 2) database / information technology, including software and software engineering.

Yes No If yes, please list below.

Are persons with whom you have a family connection by blood, marriage or significant long-term relationship (i.e., spouse, child, domestic partner) an Officer, Director, significant shareholder or employee of any for-profit or not-for-profit entity who may personally benefit from approval of a financial transaction with ATHN?

Yes No If yes, please list below.

Do you understand that in the future, you are required to disclose such transactions or any other situations from which a possible conflict of interest might arise?

Yes No

Do you agree that you will not use your position with ATHN or the information gained through your work with ATHN to: prevent or hinder ATHN from competing with others; deploy ATHN personnel, facilities or funds for the pursuit of unauthorized non-ATHN interests; take for personal gain any opportunity that belongs to ATHN; divert potential donors to others; or offer, distribute or disclose proprietary information of ATHN.

Yes No

By signing below, you acknowledge that you have read, understand, and agree to abide by ATHN's Policy 3.1 on Disclosure of Conflicts of Interest (Revised November, 2013) and have disclosed in writing all conflicts or potential conflicts pursuant to this policy that need to be disclosed to ATHN now and during your term of service.

Name (please print)

Date

Signature