



# AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

## **Conflict of Interest Policy**

ACAPT is committed to conducting all of its activities in accordance with the highest ethical standards. The Board has adopted this Conflict of Interest Policy to implement that commitment and to provide guidance to Covered Persons. The attached Glossary defines certain terms used in this Policy. This Policy is intended to supplement but not replace any applicable laws or other APTA policies. In case of any conflict between this Policy and a more specific ACAPT policy, the more specific policy shall control.

### Conflicts

A Covered Person shall not exercise decision-making authority with respect to any decision by the ACAPT

- (i) to buy goods or services from
- (ii) to sell goods or services to
- (iii) to award a grant to
- (iv) to endorse goods or services offered by

the Covered Person or a company/party in which the Covered Person (or a Related Person) has a Substantial Interest.

In case of any such conflict, the Covered Person shall disclose his/her interest and shall refrain from participating in the decision. He/she shall not participate in or be present during deliberations or discussion prior to the making of the decision, except to the extent requested by his/her colleagues. He/she shall not be present when the colleagues make the decision or participate in making the decision.

### Disclosure of Interests

Each Covered Person shall complete and sign, at least annually, a statement attesting that he/she has read and understands this Policy and disclosing whether he/she (or a Related Person) has a Substantial Interest in any company/party that appears on the Major Vendors List.

### Gifts

A Covered Person shall not accept gifts from a company/party that sells goods and services to the ACAPT or is interested in doing so. However, a Covered Person may accept occasional non-cash gifts provided that they (i) are consistent with customary business practices, (ii) are not excessive in value, and (iii) could not reasonably be construed as a bribe or kickback. A Covered Person must report any such gift to his/her Supervisor.

### Procedures

Covered Persons each year will sign a statement attesting that they have read this Conflict of Interest Policy and disclosing any Substantial Interest in a company/entity on the Major Vendors List. A copy of this Policy shall be included in the orientation materials for newly-elected Board members and shall be given to staff members who become Covered Persons.

## **GLOSSARY**

### Buy

The term “Buy” includes rent from.

### Covered Person

A Covered Person is any of the following:

- (i) a member of the ACAPT Board of Directors
- (ii) a consortium and committee chairpersons
- (iii) the ACAPT Executive Director
- (iv) any APTA staff member who is the head of any APTA department

### Major Vendors List

The Major Vendors List shows all companies/parties that have sold goods and services to the ACAPT in an amount greater than \$50,000 during any one of the previous two years. The APTA Accounting Department shall prepare and update this List.

### Related Person

A Related Person, with respect to any Covered Person, is the Covered Person's:

- (i) spouse or domestic partner
- (ii) child or grandchild
- (iii) parent
- (iv) sibling

### Sell

The term “Sell” includes rent to.

### Substantial Interest

A Substantial Interest in a company/party is (a) any direct or indirect ownership interest in a company/party whose cost or value exceeds \$50,000 or (b) any arrangement with the company/party involving compensation of more than \$25,000 in a year. The term “Substantial Interest” does not include an ownership interest of less than 5% in a company/party that is publicly traded or that has more than fifty owners.

### Supervisor

The Supervisor of a Covered Person is the following individual:

- (i) for the President – the Vice President
- (ii) for any member of the Board of Directors other than the President – the President
- (iii) for the consortium and committee chairpersons – the President
- (iv) for any other staff member – the individual's immediate supervisor.
- (v) for the ACAPT Executive Director – the President

**ATTESTATION AND DISCLOSURE STATEMENT**

I hereby attest my answers to the questions below are truthful and complete. Terms used in this Attestation and Disclosure Statement have the meaning set forth in the Glossary attached to the Policy.

Question #1:

Have you read and do you understand the ACAPT Conflict of Interest Policy?

Yes \_\_\_\_\_

No \_\_\_\_\_

Question #2:

Do you or anyone who is a Related Person have a Substantial Interest in any company/party that appears on the attached Major Vendors List?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answer Yes to Question #2, please explain in detail.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_  
[*electronic signature is acceptable*]

Date: \_\_\_\_\_

You may submit this completed statement by email to [acapt@apta.org](mailto:acapt@apta.org) or by fax at 703-706-8575.