



**Unifying and strengthening the voice of pharmacy while
advancing pharmacy practice through education,
advocacy, collaboration, and relationships.**

ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE

In accordance with the Conflict of Interest Policy Statement requiring disclosure of possible conflicts of interest, I state that I or members of my family have the following affiliations or interests and have participated in transactions which, because of my position at the Florida Pharmacy Association (FPA), might possibly constitute a conflict of interest.

1. Identify your major business or professional activity and your title or relationship to such business or activity.

2. Identify the name and address of your employer or firm.

3. Identify any affiliations of yourself or your immediate family with FPA that might be considered a possible conflict of interest.

4. Identify any interests, including investments, of yourself or your immediate family with FPA that might be considered conflicts of interest.

5. Identify any outside employment, fees or remuneration which you or your family have received from FPA that might be considered a conflict of interest.

6. Identify any gifts, gratuities or entertainment which you or your family has received from FPA that might be considered a conflict of interest.

7. Identify all business transactions, such as the purchase or sale of property, between yourself and your immediate family and FPA

8. Identify any other activities of yourself or your immediate family that may be considered a conflict of interest.

Signature

Printed Name

Date