

**WESTERN HEALTH ADVANTATE
PHARMACEUTICAL AND THERAPEUTICS COMMITTEE
Conflict of Interest Disclosure Statement**

Members of the WHA Pharmaceutical and Therapeutics (P&T) Committee must disclose, annually, any professional or financial affiliations (including such affiliations held by themselves or their immediate family members) with organizations that may have a direct or indirect interest in the business in front of the committee.

Examples of professional or financial affiliations of the committee member or a member of their immediate family that must be disclosed include, but are not limited to, the following:

1. Employment by a pharmaceutical company or appointment to or a position on a pharmaceutical company's Board of Directors or any pharmaceutical company corporate committee or panel in the past 12 months.
2. Appointment to or a position on a pharmaceutical company-sponsored Editorial Board or Speaker's Bureau (defined as more than one lecture affiliated with the same company in the past 12 months).
3. External consultant activities for pharmaceutical companies and/or appointment to pharmaceutical company advisory panels in the past 12 months.
4. Direct payment for presenting continuing education or professional education programs from one or more pharmaceutical companies (defined as more than one presentation for the same company in the past 12 months).
5. Research grants, educational grants or contracts amounting to more than \$5,000 over the past 12 months from pharmaceutical companies.
6. Financial holdings of more than \$5,000 in the form of stocks (excluding mutual funds) in pharmaceutical companies.
7. Gifts, compensation, royalties or rewards in the amount of \$500 or more from pharmaceutical companies.

Please check the box of the statement that best applies.

- No Conflicts**
Neither I nor my immediate family have a current or recent (within the last 12 months) professional or financial affiliation with any organization that may have a direct or indirect interest in the business before the WHA P&T Committee.
- Disclosures**
I or an immediate family member have/has a professional or financial affiliation with an organization that has or may have a direct or indirect interest in the business before the WHA P&T Committee, as described below.

Organization	Role/Relationship

(print name)

(signature)

(date)

Review Date: 5/09
Signature: D. Hufford, MD

Title: Unchanged
Title: WHA CMO/Medical Director

2nd Review Date: 3/10
Signature: D. Hufford, MD

Title: Unchanged
Title: WHA CMO/Medical Director

3rd Review Date: 3/11
Signature: D. Hufford, MD

Title: Unchanged
Title: WHA CMO/Medical Director

4th Review Date: 3/12
Signature: D. Hufford, MD

Title: Unchanged
Title: WHA CMO/Medical Director