



State of California
Department of Industrial Relations
Division of Workers' Compensation
PHARMACY AND THERAPEUTICS COMMITTEE
Conflict of Interest Disclosure Form
California Code of Regulations, title 8, section 9792.27.19

Please type or print in ink.

Name:	
Address:	
Telephone Number:	E-Mail Address:

1. Employment

A. Are you currently employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale?

Yes No

B. Were you employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale during the past 12 months?

Yes No

If you have answered "Yes" to either of the above questions please explain on a separate sheet.

2. P&T Committee Member or Applicant Information

For the purpose of this section, "pharmaceutical entity" means a pharmaceutical manufacturer, pharmaceutical repackager, pharmaceutical relabeler, compounding pharmacy, pharmacy benefits management company, biotechnology company, or any other business entity that is involved in manufacturing, packaging, selling or distribution of prescription or non-prescription drugs, drug delivery systems, or biological agents. "Immediate family member" means spouse, domestic partner, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, and brother or sister.

A. Did you, or an immediate family member, receive income within the previous 12 months amounting to a total of \$500 or more from a pharmaceutical entity, including but not limited to salary, wages, speaking fees, consultant fees, expert witness fees, honoraria, gifts, loans, and travel payments?

Yes No

B. Did you, or an immediate family member, receive within the previous 24 months grants or research funding from a pharmaceutical entity?

Yes No

C. Do you, or an immediate family member, have at any time during the previous 12 months an ownership interest in a pharmaceutical entity; including but not limited to, a sole proprietorship, partnership, limited liability company, stock ownership in a corporation that is not publicly traded?

Yes No

D. Do you, or an immediate family member, have an investment interest worth \$2,000 or more in a publicly-traded

pharmaceutical entity, not including an investment held through a diversified mutual fund?

Yes No

If you have answered "Yes" to any of the above questions please explain on a separate sheet.

I have reviewed California Code of Regulations, title 8, section 9792.27.18 and do not have a substantial financial conflict of interest in relation to a pharmaceutical entity, nor do I have an employment conflict of interest. I understand that it is my obligation to fully disclose all potential conflicts of interest. If my conflicts of interests change, or if I become aware of any additional potential conflicts, I understand that is my responsibility to submit an updated disclosure form to the Administrative Director, of the Division of Workers' Compensation. I have used all reasonable diligence in preparing and completing this disclosure. I have reviewed this document and to the best of my knowledge the information contained herein and in any attached supporting documentation is true, correct and complete.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Executed at (city and state):

Date:

A PUBLIC DOCUMENT

PRIVACY NOTICE – The Information Practices Act of 1977 and the Federal Privacy Act Require the Administrative Director of the Division of Workers' Compensation within the Department of Industrial Relations, to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a member of the Pharmacy and Therapeutics Committee.

The California Labor Code section 5307.29 provides for licensed physicians and pharmacists to participate in the workers' compensation system by serving on the Administrative Director's Pharmacy and Therapeutics Committee. The Division of Workers' Compensation has adopted implementing regulations which require applicants under this program to provide: name; business address, professional education, license number, national provider identification number, conflicts of interest disclosure, and documents deemed necessary by the Administrative Director of the Division of Workers' Compensation to determine qualifications relevant to selection of members for the committee. It is mandatory to furnish all the relevant information requested by the Administrative Director as part of the application. Failure to provide all of the requested information may result in disqualification from further consideration of the application. The principal purpose for requesting information from physicians and pharmacists is to evaluate the applicant's qualifications to serve on the committee in order to administer the pharmaceutical portion of the Medical Treatment Utilization Schedule program within the California workers' compensation system. Additional information may be requested.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Civil Code §§ 1798.25, 1798.34, 1798.35.)

Requests should be sent to:

Division of Workers' Compensation – Medical Unit
P.O. Box 70823
Oakland, CA 94612

Or to the Department of Industrial Relations Privacy Officer: Privacy@DIR.ca.gov

Copies of all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33.)