



DES MOINES UNIVERSITY

**POLICIES AND PROCEDURES**

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Department:	Des Moines University Osteopathic Medical Center
Subject:	<b>Conflict of Interest Policy</b>
Date Issued:	March 6, 1999
Date Reviewed:	March 6, 2010
Approved By:	Board of Trustees

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**I. PURPOSE**

Persons serving Des Moines University Osteopathic Medical Center in governance and management positions owe a duty of loyalty and fidelity to the University, requiring them to exercise their best care, skill and judgment for the benefit of the University. Additionally, laws governing the operations of tax-exempt organizations require that such organizations develop policies and procedures to ensure that any revenues of the organization do not inure to or privately benefit insiders. It is therefore the policy Des Moines University Osteopathic Medical Center, that persons in governance and management positions be required to disclose any pluralities of interest or possible conflicts of interest that may potentially affect their judgment in making decisions on behalf of the University. The University recognizes the varied interests and backgrounds of persons who serve in governance and management positions and does not intend that service to the organization be precluded by all pluralities of interest. However, such interests should be disclosed prior to acceptance of governance or management positions or as they develop during the term of the governance or management appointment. Major, on-going business relationships with the University may preclude governance or management services if such relationships give the appearance of a conflict of interest or if they create on-going questions of conflict of interest.

**II. SCOPE**

This policy applies to all trustees, directors, administrators and other employees who serve in a management or supervisory capacity with the University.

**III. ADMINISTRATION**

This policy shall be administered by the Chairperson of the Board or his/her designee as it relates to the Board of Trustees. It shall be administered by the Executive Vice President for management employees. Any failure to comply with the provisions of this policy by a member of the Board of Trustees shall be addressed by the Board of Trustees.

Any noncompliance by a management employee shall be addressed through the appropriate disciplinary process.

#### **IV. CONFLICT OF INTEREST DISCLOSURE STATEMENT**

All persons in governance and management positions with the University are expected to complete and sign a Conflict of Interest Disclosure Statement at the beginning of their service and annually thereafter.

#### **V. DEFINITION OF CONFLICT OF INTEREST**

A conflict of interest exists 1) when an individual obtains or appears to obtain an improper gain or advantage as a result of his/her activities on behalf of the University, 2) when his/her activities advance or appear to advance his/her own interests or those of another rather than the interests of the University or 3) when his/her actions adversely affect or appear to adversely affect the best interests of the University. A conflict of interest does not necessarily involve intentional wrongdoing but can result from a combination of completely innocent circumstances. Therefore, it is important that all instances of possible pluralities of interest or conflict of interest be recorded on the appropriate Conflict of Interest Disclosure Statement.

#### **VI. PROCEDURES IN THE EVENT OF A CONFLICT OF INTEREST**

If a Board member or employee or a member of the immediate family of such a Board member or employee has a substantial financial interest in a firm which does business with the University, the Board member or employee shall not represent the University in such transactions. Additionally, a Board member or employee having an actual or potential conflict of interest, whether previously disclosed or not, shall make known such conflict to the Board or other decision makers and answer any questions concerning the conflict which may be directed to him/her and shall withdraw from the meeting as long as the matter is under discussion. If the matter is brought to a vote, such Board member shall not vote on the matter. An employee having an actual or potential conflict of interest, whether previously disclosed or not, shall make known such conflict to his/her immediate supervisor and answer any questions concerning the conflict which may be directed to him and shall withdraw from further participation in the decisionmaking process.

A Board member or management employee or a member of such individual's immediate family may not accept gifts of substance from a person or entity having a financial arrangement or seeking to have a financial arrangement with the University under circumstances from which it might reasonably be inferred that the purpose of the gift is to influence the Board member or management employee in the conduct of University business with the donor. Such gifts should be returned with a note of explanation. Any person who is subject to this policy and who has questions concerning the applicability of any provision of this policy should contact University Counsel.

**Des Moines University Osteopathic Medical Center  
Des Moines, Iowa**

**CONFLICT OF INTEREST  
DISCLOSURE STATEMENT – 2009**

I acknowledge that federal law requires all trustees, directors, administrators and other employees who serve in a management or supervisory capacity with the University to disclose potential conflicts of interest. I hereby disclose the following information:

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1. Name: \_\_\_\_\_

2. Present Chief Occupation: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How long in this position? \_\_\_\_\_

How long with this employer? \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

3. Do you have other employment or business obligations not indicated above?

Yes       No

If yes, explain nature of responsibility or involvement and identify respective organization(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List any other offices or memberships on other governing bodies presently held and identify the organization(s):

<u>Office</u>	<u>Organization</u>
_____	_____
_____	_____
_____	_____

5. Please identify any of the above organizations which have, or anticipate having, a contract, agreement, or other financial arrangement with the University, a University employee, or any other person who has a financial relationship with the University.

\_\_\_\_\_

\_\_\_\_\_

6. Do you have any contract, agreement, or other financial arrangement with the University, another University Board member, a University employee, or any other person who has a financial relationship with the University? *The highlighted portion is a change this year.*
- Yes       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does any member of your immediate family have any contract, agreement, or other arrangement with the University, another University Board member, a University employee, or any other person who has a financial relationship with the University? *Immediate family means spouse, father, mother, brother, sister, son, daughter, grandchildren or great grandchildren of above. The highlighted portion is a change this year.*
- Yes       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

8. Do you or any member of your immediate family have an ownership interest equal to or greater than 35%, voting power, profit interest and/or beneficial interest in any legal entity which has a contract, agreement, or other arrangement with the University, a University provider, or any other person concerning any financial relationship with the University?

Yes       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you anticipate that any of the relationships, outlined in questions 6, 7 or 8 above will occur in the succeeding 3 years?

Yes       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Did you or a member of your immediate family receive, during the past 12 months, any gifts or loans from any source from which the University buys goods or services or otherwise has significant business dealings?

Yes       No

If yes, please list such loans or gifts, their source, and their approximate value.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you have any contract, agreement, or financial arrangement with a pharmaceutical or medical device company?

Yes       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

I hereby swear or affirm that the foregoing information is true and correct, to the best of my information, knowledge and belief. I further understand that any substantial amendment to the facts set forth herein shall be made known in writing to the Chairperson of the Board.

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Signature

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Date