



Training Administrators of
Graduate Medical Education

Title: Annual Confidentiality and Conflict of Interest Statement (for committee members)	
Effective Date: November, 2017	Revision Date: April, 2020

Confidentiality and Conflict of Interest Statement

Name:		
Committee:		
Program Name / Institution		
Address		
City, State, & Zip Code:		
Phone Numbers:	Program	Cell
Work Email Address:		
Personal Email Address:		

By my signature below, I attest that:

1. All documentation of the National Board of Certification for Training Administrators of Graduate Medical Education will be kept confidential including but not limited to all assessment documents and answer keys, appeal files, records or correspondence of TAGME actions, personal applicant data or individual applicant assessment outcomes, or content and discussions that occur during TAGME conference calls.
2. I have received a copy of TAGME's Conflict of Interest Policy; that I have read and understand this policy and agree to comply fully with this policy.
3. I do not have a personal and/or financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with TAGME or other associated specialty or organization. Further, should such a conflict arise I will fully disclose the circumstance to the Executive Committee of the TAGME Board of Directors in writing within 30 days.

TAGME Member Signature

Date

Reviewed by Executive Committee:

Signature

Date