

<b>NEOMED ACADEMIC POLICY</b>	<b>Policy No: 3349-AC-412</b>
<b>ACADEMIC POLICY TITLE:</b> Conflicts of Interest - Academic	<b>EFFECTIVE DATE: 10/13/2015</b> <b>REVISED: 5/16/2023 (updated 7/11/2023)</b>
<b>RESPONSIBLE DEPARTMENT:</b> Academic Affairs, College of Medicine	<b>Approval Authority:</b> Dean, College of Medicine <b>Responsible Office:</b> Office of the Dean and Medical Education, College of Medicine

**Attachment 1**



**Attestation Regarding Conflicts of Interest**

The Liaison Committee on Medicine Education (LCME), which accredits medical education programs, requires that NEOMED adhere to Standard 12.5 – that health professionals who provide or have provided health services to students, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical students receiving those services. This conflict does not apply to faculty who provide or have provided emergent or urgent care to a student in exceptional circumstances and also does not apply to Faculty who provide urgent care to a student with the student’s consent. NEOMED also considers it to be a conflict of interest when a faculty member who is involved in the summative or formative assessment or promotion of a medical student:

- a) has a familial or close personal relationship with the student, including but not limited to blood relatives (ex., parents, grandparents, siblings, cousins) and others with whom there is a familial or close personal or professional relationship (ex., step-parents, in-laws, fiancé, godparents, mentor) and/or
- b) In the case of CAPP. has assigned a final grade of fail in a course to a student or contributed in a substantial way to the final grade.

Following is a list of students for whom you will have direct assessment responsibility or will be involved in an academic promotion decision. Please review the list to determine and report potential conflicts of interest.

Course/CAPP: \_\_\_\_\_ Academic year: \_\_\_\_\_  
Date(s) of course/CAPP meeting: \_\_\_\_\_

Students assigned to your group/service/CAPP review:

{list students }

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**Please check (or double click) the box that corresponds best regarding potential conflicts of interest, sign and date the form and return it by the date indicated.**

- I attest that I have no conflicts of interest regarding the academic assessment or promotion of the medical student(s) listed above.
- I have a conflict of interest regarding the academic assessment or promotion of the medical student(s) listed below, and they should be assigned to another group/service.  
Please list students:
- I have a conflict of interest regarding the academic assessment or promotion of the medical student(s) listed below. Because it is not possible to assign them to another group/service, I will recuse myself from direct assessment of the student's performance or participation in any discussion or decision regarding their academic promotion or standing.

Please list students with whom you have a conflict. Beside each name, indicate the faculty member who will be responsible for evaluation of the student's academic performance, if applicable, or if you will need to recuse yourself from a promotion decision.

Faculty name: {insert name} \_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form by { insert date } to: {name}  
{title}  
College of Medicine  
Northeast Ohio Medical University  
{email} Fax: {fax number}