



PROFESSIONAL CONDUCT DISCLOSURE FORM

As a candidate for an AAPA award, honor, or governance position, please complete this Professional Conduct Disclosure Form no later than the specified request date. If you have questions, you may contact the AAPA President at: physanthpresident@gmail.com.

Have you been the subject of a filed allegation, complaint, investigation, sanction or other legal, civil or institutional proceeding, where there was a finding of misconduct; or, are you currently the subject of such an allegation, complaint, or investigation in which your professional conduct is at issue?

- No
- Yes [If yes, you will be contacted for a confidential discussion of the details of the complaint.]

CERTIFICATION

The undersigned hereby affirms that they have read, understands, and agrees to comply with the [AAPA Professional Ethics Policy](#), including its Statement on Sexual Harassment and Assault, and other policies and procedures established by AAPA, as amended from time to time.

By signing this document, I certify that, to the best of my knowledge, the above response and all information provided by me related to this Professional Conduct Disclosure Form are truthful, accurate, and complete, and I agree to notify the AAPA promptly of any material changes required in my responses to the above question. I acknowledge that failure to comply with the AAPA Professional Ethics Policy, including the Statement on Sexual Harassment and Assault, may result in my ineligibility to receive, or revocation of, any AAPA award, honor, recognition, or governance position.

Name:

Email address:

Phone:

Signature: