



NYPTA
NEW YORK
Physical Therapy Association

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**NEW YORK PHYSICAL THERAPY ASSOCIATION (BOD 01-09-11)
AMERICAN PHYSICAL THERAPY ASSOCIATION (BOD 06-08-01-02)
CONFLICT OF INTEREST POLICY**

The New York Physical Therapy Association (NYPTA) is committed to conducting all of its activities in accordance with the highest ethical standards. The Board has adopted this Conflict of Interest Policy to implement that commitment and to provide guidance to Covered Persons. The attached Glossary defines certain terms used in this Policy. This Policy is intended to supplement but not replace any applicable laws or other NYPTA/APTA policies. In case of any conflict between this Policy and a more specific NYPTA/APTA policy the more specific policy shall control.

Conflicts

A Covered Person shall not exercise decision-making authority with respect to any decision by the APTA

- (i) to buy goods or services from,
- (ii) to sell goods or services to,
- (iii) to award a grant to, or
- (iv) to endorse goods or services offered by

the Covered Person or a company/party in which the Covered Person (or a Related Person) has a Substantial Interest.

In case of any such conflict, the Covered Person shall disclose his/her interest and shall refrain from participating in the decision. He/she shall not participate in or be present during deliberations or discussion prior to the making of the decision, except to the extent requested by his/her colleagues. He/she shall not be present when the colleagues make the decision or participate in making the decision.

Disclosure of Interests

Each Covered Person shall complete and sign, at least annually, a statement attesting that he/she has read and understands this Policy and disclosing whether he/she (or a Related Person) has a Substantial Interest in any company/party that appears on the Major Vendors List.

Gifts

A Covered Person shall not accept gifts from a company/party that sells goods and services to the APTA or is interested in doing so. However, a Covered Person may accept occasional non-cash gifts provided that they (i) are consistent with customary business practices, (ii) are not excessive in value, and (iii) could not reasonably be construed as a bribe or kickback. A Covered Person must report any such gift to his/her Supervisor.

Procedures

Covered Persons each year will sign a statement attesting that they have read this Conflict of Interest Policy and disclosing any Substantial Interest in a company/entity on the Major Vendors List.

A copy of this Policy shall be included in the orientation materials for newly-elected Board members and shall be given to staff members who become Covered Persons.

 **APTA**
American Physical Therapy Association
The Science of Healing. The Art of Caring.

GLOSSARY

Buy

The term "Buy" includes rent from.

Covered Person

A Covered Person is any of the following:

- (i) a member of the NYPTA Board of Directors
- (ii) the NYPTA Executive Director
- (iii) NYPTA Chapter Office Staff

Major Vendors List

The Major Vendors List shows all companies/parties that have sold goods and services to the NYPTA in an amount greater than \$50,000 during any one of the previous two years.

Related Person

A Related Person, with respect to any Covered Person, is the Covered Person's:

- (i) spouse or domestic partner
- (ii) child or grandchild
- (iii) parent
- (iv) sibling

Sell

The term "Sell" includes rent to.

Substantial Interest

A Substantial Interest in a company/party is (a) any direct or indirect ownership interest in a company/party whose cost or value exceeds \$50,000 or (b) any arrangement with the company/party involving compensation of more than \$25,000 in a year. The term "Substantial Interest" does not include an ownership interest of less than 5% in a company/party that is publicly traded or that has more than fifty owners.

Supervisor

The Supervisor of a Covered Person is the following individual:

- (i) for the President – the Vice President
- (ii) for any member of the Board of Directors other than the President – the President
- (iii) for the Executive Director – the President
- (iv) for any other staff member – the Executive Director

I have read and understand the APTA conflict of interest policy and is applicable to NYPTA volunteer leaders and staff (BOD 01-09-11).

Name _____

Date _____