ASNM
American Society of Neurophysiological Monitoring

ASNM Financial Conflict of Interest Disclosure

The purpose of the Financial Conflict-of-Interest Policy is to protect the interests of The American Society of Neurophysiological Monitoring (ASNM) when it is contemplating a transaction, arrangement or decision that might benefit the private interest of an Officer, Director, Committee Member, partner, or employee of the ASNM, or might result in a possible excess benefit to the individual. This policy is intended to supplement but not replace any applicable state and federal conflict of interest laws applicable to nonprofit and charitable organizations.

The following questions need to be answered in relation to your relevant professional designations and personal assets, as well as the relevant designations and assets of your spouse and immediate family, in terms of any of your relationships which may pose a conflict of interest with your activities as a member of the ASNM Board or Committee.

Yes	No	
○	●	**Do you have any financial interest in a company, association, or other entity that derives any portion of its revenue from IONM (e.g., technical services provider, physician practice, electrode/device manufacturer, MSO, etc.)?**

If yes, please list the name(s) of the organization(s) and your type of financial interest in each below (e.g., owner, investor, royalties, stock options, etc.):

My employer is pre-market and not currently producing revenue. I will update if this changes.

Yes	No	
○	●	**Do you serve on the Board of Directors, Advisory Board, or hold a similar role in any company, association, or other entity that derives any portion of its revenue from IONM (e.g., technical services provider, physician practice, electrode/device manufacturer, MSO, etc.)?**

If yes, please list the name(s) of the organization(s) and your role below:

See answer above.

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● ○ **Aside from base salary, bonus, and benefits, do you receive any form of remuneration from any company, association, or other entity that derives any portion of its revenue from IONM (e.g., technical services provider, physician practice, electrode/device manufacturer, MSO, etc.)?**

If yes, please list the name(s) of the organization(s) and your type of remuneration in each below (e.g., consulting, royalties, stock/options, travel, etc.):

Stock Options: Nervio (pre-market, no revenue)
Nothing recurring. In the last 12 months, I've received consulting income from Axis, AMS, ASET.

○ ● **Do you have any financial interest in a company, association, or other entity that does any business with ASNM at present?**

If yes,

○ This relationship is primarily as a vendor providing services to ASNM.

○ This relationship is only as a vendor exhibiting at an ASNM meeting, symposium, webinar, etc.

Explanation:

○ ● **Are your financial assets likely to influence your voting on any issues that come before the Board or a committee of which you are a member?**

Explanation:

○ ● **Will the selection of the ASNM annual meeting location or any ASNM focus courses/symposia enhance or benefit any of your financial assets?**

Explanation:

○ ● **Could the outcome of any ASNM vote (decisions made by the BOD or a Committee) significantly influence any of your financial interests or holdings?**

Explanation:

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○ ● **Could your financial assets be directly benefited by being a member of an ASNM Committee, or of the ASNM Board?**

Explanation:

● ○ **Is there any relationship (financial, business, etc.) between you and any ASNM Board member?**

Explanation: Jay Shils (Nervio); Katie Jaquez (Dissertation Committee)

Date: JANUARY 6, 2025

RICH VOGEL
Name (Print)

Signature

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Conflict of Interest Policy
Acknowledgement and Agreement

Each of the undersigned members of the ASNM Board of Directors (the "BOD") and Committees hereby acknowledges and agrees to the following:

1. That I have received a copy of the Conflict-of-Interest Policy (the "Policy") adopted and approved by the BOD;
2. That I have read and understand the Policy;
3. That I agree to comply with the terms and conditions of the Policy;
4. That I understand that the Policy applies to all Committees and Subcommittees having BOD-delegated powers;
5. That candidates running for ASNM office will not be included on the election ballot unless they have completed the COI Disclosure and COI Acknowledgement and Agreement forms.
6. That COI disclosures may be made publicly available.
7. That I understand that the ASNM is a not-for-profit organization and that, in order to maintain the tax-exempt status of the ASNM under Section 501(c)3 of the Internal Revenue Code, the ASNM must continuously engage primarily in activities which accomplish one or more of its exempt purposes.

Date: JANUARY 6, 2025

RICH VOGEL
Name (Print)

Signature