American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   
   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?

   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.

   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?

   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?

   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.

   YES ☐  NO ✓

   If yes, please define. ____________________________________________________________

Signature ___________________________ Date 7/12/18

Name Christopher L. Amling
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES ☐ NO ☑
   If yes, please define. ____________________________________________

Signature ___________________________ Date 2/6/19

Name _______________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   
   YES ____  NO _x__

   If yes, please define. _____________________________________________________________

Signature ___________________________ Date 2/29/2020

Print Name _____ Roger Dmochowski ________________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES _____ NO _x_
   If yes, please define. ____________________________________________________________

Signature ___________________________ Date 2/26/2016
Print Name ___________________________
1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.  
   YES ____ NO X  
   If yes, please define. _______________________________________________________

Signature ___________________________ Date 2/23/2016  
Print Name David B. Joseph
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES [ ] NO [X]
   If yes, please define. __________________________________________________________

Signature __________________________ Date 7/12/18
Name ________________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES □ NO □
   If yes, please define. __________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES □ NO □
   If yes, please define. __________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES □ NO □
   If yes, please define. __________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES □ NO □
   If yes, please define. __________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES □ NO □
   If yes, please define. __________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES □ NO □
   If yes, please define. __________________________________________

Signature ___________________________ Date 2/6/19

Name _______________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES ☐ NO ☑
   If yes, please define. ____________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES ☐ NO ☑
   If yes, please define. ____________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
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   If yes, please define. ____________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES ☐ NO ☑
   If yes, please define. ____________________________________________________________

Signature ___________________________ Date 2/26/16
Print Name Joel W. Nelson, MD
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   
   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?

   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.

   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?

   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?

   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.

   YES _____ NO ___X__

   If yes, please define. ______________________________________________________________
Signature

Date 2/25/16

Print Name Eila C. Skinner, MD
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES □ NO □
   If yes, please define. _____________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES □ NO □
   If yes, please define. _____________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES □ NO □
   If yes, please define. _____________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES □ NO □
   If yes, please define. _____________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES □ NO □
   If yes, please define. _____________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES □ NO □
   If yes, please define. _____________________________________________________________

Signature ____________________________ Date 7/16/18
Name __________________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual’s spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES _____ NO ___X___
   If yes, please define. __________________________________________________________

Signature ____________________________
Date __2/24/16___________________
Print Name __Hunter WEssells_______________________________
American Board of Urology Trustee Conflict-of-Interest Statement

1. Are you an officer of an organization that conducts business or has a relationship with the American Board of Urology?
   YES □  NO ☑
   If yes, please define. __________________________________________

2. Have you ever served on the board of a business in which the American Board of Urology invests?
   YES □  NO ☑
   If yes, please define. __________________________________________

3. Do you have a family relationship with anyone who has a noted relationship with the American Board of Urology? Family Connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild, and sibling. The spouses of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.
   YES □  NO ☑
   If yes, please define. __________________________________________

4. Have you participated, directly or indirectly, in any employment agreement, compensation, or any other arrangement/investment opportunity with a third-party vendor doing business with the American Board of Urology that has resulted or could result in personal benefit to you?
   YES □  NO ☑
   If yes, please define. __________________________________________

5. Have you received, directly or indirectly, any salary payments, loans, or gifts of any kind or any free service discounts or other fees from any persona/organization engaged in any transaction with the American Board of Urology?
   YES ☑  NO □
   If yes, please define. For several years I was a paid consultant of the AUA. My term ended in May 2018.

6. Do you share ownership of a business that does business with the American Board of Urology? Ownership means voting power in a corporation, profits interest in a partnership or beneficial interest in a trust.
   YES □  NO ☑
   If yes, please define. __________________________________________

Signature J. Stuart Wolf, Jr.      Date 7/14/2018
Name  J. Stuart Wolf Jr.