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 ________________________________
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 ___________________________
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: Douglas Husmann
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 2.11.20
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 2/6/2020
Name  Cheryl Lee
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 ______________________________
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. __________________________________________________________

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   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 ________
Print 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. ________________________________________________________________
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 Mark H. Terris M.D.
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.