Title:	Conflict of Interest Policy
Type Document:	Board Policies and Guidelines - Policy
Purpose:	To protect the integrity and interests of the American College of Nurse-Midwives (ACNM), its members, and its leadership when ACNM is considering a transaction or arrangement that may benefit the private interest of a volunteer, employee, or affiliated party. This policy is intended to supplement, not replace, any applicable federal, state, or local laws governing conflicts of interest applicable to nonprofit organizations.
Create Date:	March 10, 2021
Revision Dates:	August 1, 2025
File Location:	ACNM Board of Directors Sharepoint
Responsible Departments:	Chief Executive Officer (CEO), Governance Committee, Board of Directors (Board)

ACNM Conflict of Interest Policy

1. Definitions:

   a. Interested Person: Any ACNM volunteer or employee who has an actual or potential direct or indirect financial or non-financial interest, as defined below, is considered an Interested Person.

a. b. Financial Interest: A person has a financial interest if the individual, directly or indirectly, through business, investment, or family:

   i. Has an ownership or investment interest in any entity with which ACNM has a transaction or arrangement;
   ii. Has a compensation arrangement with ACNM or with any entity or individual with which ACNM has a transaction or arrangement; or
   iii. Has a potential ownership, investment interest, or compensation arrangement with any entity or individual with which ACNM is negotiating a transaction or arrangement.
   iv. Compensation includes direct or indirect remuneration, gifts, or favors that are not nominal in value. It does not include non-monetary awards from ACNM recognizing professional service or achievement.

A financial interest does not automatically constitute a conflict of interest. Under Article III, Section 2, a conflict exists only if determined by the designated review body.

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3. Procedures

A. Duty to Disclose

Interested Persons must disclose any actual or potential conflict of interest to the Executive Director, President, or other designated leadership. Full disclosure includes all material facts regarding the financial interest and the relevant relationship or arrangement.

B. Determining Whether a Conflict Exists

After disclosure, the Executive Director or President (or the designated review body) will evaluate the situation. They may determine whether a conflict exists or refer the matter to a governing body (e.g., Board of Directors or applicable committee).

C. Addressing a Conflict of Interest

If a conflict is determined to exist:

a. The chairperson of the reviewing body may assign a disinterested person or committee to explore alternatives.
b. After due diligence, the body shall determine whether ACNM can reasonably secure a more favorable transaction without a conflict.
c. The Interested Person may present information but must leave the meeting during deliberation and voting.
d. If no better alternative exists, the reviewing body must determine by majority vote whether the transaction is fair, reasonable, and in ACNM's best interests.

4. Violations

If the reviewing body believes someone failed to disclose a conflict:

a. The individual will be informed and allowed to respond.
b. Based on the findings, the body may take disciplinary or corrective action if noncompliance is confirmed.

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5. Records of Proceedings

Meeting minutes must document:

1. The names of individuals disclosing financial interests and the nature of those interests;
2. Actions taken, decisions made, and the names of persons involved in discussions and votes, along with any identified alternatives and the final vote outcome.

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6. Compensation

1. Voting members of the Board or committees receiving compensation from ACNM for services may not vote on matters relating to their compensation.
2. They may, however, provide factual information to aid decision-making.
3. All compensation decisions must be made using objective data and independent decision-makers.

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7. Annual Disclosure and Affirmation

Each volunteer and employee must annually sign a statement affirming that they:

1. Have received a copy of this policy;
2. Have read and understand the policy;
3. Agree to comply with the policy;
4. Understand ACNM must operate in a way that furthers its tax-exempt mission.

8. Periodic Reviews

To ensure compliance with ACNM's mission and federal tax-exempt requirements, periodic reviews shall evaluate:

1. Reasonableness of compensation and benefits;
2. Compliance of transactions with ACNM's policies and tax-exempt purposes;
3. Avoidance of private inurement or excess benefit transactions.

9. Use of Outside Experts

ACNM may use independent experts (e.g., legal or financial advisors) to support its periodic reviews. The use of experts does not relieve the Board or designated committee of its responsibility for oversight.

Annual Conflict of Interest Disclosure Statement

I, _____, as a Volunteer or Employee of ACNM, acknowledge:

- I understand that ACNM is a tax-exempt organization and must operate primarily for exempt purposes.
- I have received and reviewed the Conflict-of-Interest Policy.
- I agree to comply with the policy and applicable laws.

Signed this day of _____*, 20*
Signature: _____
Printed Name: _____

Disclosure Questionnaire

Name: _____
Are you a volunteer? ___ Yes ___ No
Volunteer Roles and Terms (if known):

Are you an employee? ___ Yes ___ No
Position Title: _____

Please answer the following and explain any "Yes" responses:

Financial Interests

1. Has ACNM contracted to buy or lease goods/services from you, a relative, or business associate? ___Yes ___No
   → If yes, describe:
   _____
2. Has ACNM invested in a business owned by you or your relatives/business associates? ___Yes ___No
3. Has ACNM offered employment to you or a relative/business associate (excluding existing employees)? ___Yes ___No
   → If yes, describe:
   _____
4. Have you or your relatives/business associates received significant gifts or favors from anyone doing business with ACNM? ___Yes ___No
5. Have you or your associates used ACNM facilities or services without standard compensation? ___Yes ___No
   → If yes, describe:
   _____

Other Interests

6. Have you or your associates received preferential treatment from ACNM? ___Yes ___No
   → If yes, describe:
   _____
7. Have you taken or offered an opportunity of potential value to ACNM to another party? ___Yes ___No
   → If yes, describe:

Signature: _____ Date: _____
Reviewed by (Board/Committee): _____Date: _____