**Declaration of Conflict of Interest (COI) by Directors, Chairpersons of Academic Conferences, and Various Committee Members of the Academy**

Position Title, Name of Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academy Membership No. \_\_\_\_\_\_\_\_\_\_ Please describe the state of your conflicts of interest (COI) with a company, organization, or institution related to operations conducted by the Academy within the past one (1) year retroactively from the date of your inauguration.

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| --- | --- | --- | --- |
|  | Amount | Applicability | If applicable: Name of company, organization or institution |
| Official or consultant  | 1 million yen or more  | Yes / No |  |
| Equity (Stock ownership) | Profit of 1 million yen or more; 5% or more of outstanding shares  | Yes / No |  |
| Patent royalties | 1 million yen or more | Yes / No |  |
| Lecture fees (including daily allowance) | 500,000 yen or more | Yes / No |  |
| Manuscript fees  | 500,000 yen or more | Yes / No |  |
| Research funds from company, organization or institution | 1 million yen or more | Yes / No |  |
| Scholarship endowment (Incentive endowment) | 1 million yen or more  | Yes / No |  |
| Endowed project(Donation’s usage method is specified; actual amount is 1 million yen or more) | Organization Belonged to | Yes / No |  |
| Other compensation | 50,000 yen or more  | Yes / No |  |
| Subject’s spouse, relatives within the first degree of kinship, or persons who share income or financial interests. (This excludes committee members.) | Yes / No |  |

I hereby declare that the above statements regarding my conflicts of interest (COI) are true and correct. Absolutely no other conflicts of interest exist that may hamper the proper execution of my duties at the Japan Academy of Nursing Science.

Date of Declaration (Day/Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Declarant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document will be retained for two (2) years after the date of your declaration.