# Financial Conflict/Duality of Interest Disclosure

1. Do you serve as a Consultant, Advisor, or Speaker for any for-profit company or non-profit organization? No

2. Do you hold more than a 2 percent financial interest (including stocks) in any organizations?

### No

3. Do you own any Intellectual Property Rights with any organization?

### No

4. Do you serve in any official capacity, either elected or appointed, for any other medical or podiatric organization (non-profit or for-profit)?

### Yes

Please identify the name of the organization(s) and the position(s) you hold.

## Past President, American Board of Foot and Ankle Surgery

5. Do you serve on an editorial or governing board of a medical publication?

No

6. Do you receive any grant/research funding?

## No

7. Are there any other oral, written, or financial relationships between you and any for-profit company or non-profit organization that has conflicting or dual goals and objectives or have competing business and professional interests or activities?

No

I have reviewed my most current CMS Open Payments webpage before completing and signing this form.

## Yes

I understand that by affixing my electronic signature to this form, I give permission to the ACFAS to publish in any form (print or electronic) the information I provide on this conflict of interest/disclosure form.

Yes

## **Electronic Signature**

I understand and agree to the attached conflict of interest policy (see above) and disclosure form. I hereby certify that the above is accurate. If these facts change during my period of serviceto ACFAS, I will immediately amend and file an amended statement with ACFAS. Failure to disclose, recuse, or comply with these policies would be subject to review by the Conflicts of Interest Committee and possible dismissal from the position or role.

Signature: Williams, Matthew, 12775, 2/5/2021