

**American Medical Association ("AMA") Conflict of Interest Policy  
Disclosure of Affiliations, Compliance Statement, Acknowledgement and Affirmation**

**Members of AMA Councils, Committees and Task Forces**

*Note: Completion of this form is appropriate for Council members and candidates, Section Governing Council members and candidates, AMA Advisory Committee members, board members of AMA subsidiaries and affiliates including the AMA Alliance and AMA Foundation, and individuals in other roles.*

**NAME:** Nita Shumaker, MD

What is your current AMA role, or the role for which you are a candidate?

AMA Section Governing Council Member/Candidate

organized Medical Staff Section (OMSS)

**Instructions for Completing this Form**

Before completing this form, please review carefully the AMA Conflict of Interest Policy ( [COI Policy](#) ). Please also review the related Conflict of Interest Principles, ( [Principles](#) ) which provide explanatory text and examples of the COI Policy in specific situations.

The AMA's COI Policy requires AMA Council members and candidates, AMA Committee members and candidates (including Governing Council Section members and candidates), AMA Advisory Committee members and candidates, AMA Alliance and the AMA Foundation board members, and Task Force Members (collectively, "Leader(s)") to disclose annually his or her affiliations and to execute a statement confirming that, to his or her knowledge, the Leader has complied with the COI Policy.

Complete each question to the best of your knowledge. **Please avoid using acronyms unless the acronym is widely understood.** If an interest is disclosed once on this form, it need not be disclosed again in response to a subsequent question.

There is no need to disclose your current AMA role or the role for which you are a candidate.

If your circumstances change during the year, please promptly provide updated information on such affiliation to the AMA's Office of the General Counsel. You will be prompted to update this form.

If you have questions about the AMA's COI Policy or the disclosure form, the AMA's Office of General Counsel is available to provide guidance ([OGC@ama-assn.org](mailto:OGC@ama-assn.org)).

Disclosures of all Leaders' affiliations will be the subject of a report to the Board of Trustees. Disclosure forms completed by members and candidates for AMA Councils, Section Governing Councils and Advisory Committees will be posted on the members' only portion of the AMA website.

**Definitions**

The following defined terms are used in this form:

"AMA" shall mean the American Medical Association, its subsidiaries and affiliates, including the AMA Foundation and the AMA Alliance.

"Leader" shall mean each elected or appointed member of an AMA Council, AMA Committee, AMA Advisory Committee, or Task Force, members of the AMA Alliance board, members of the AMA Foundation board, and each candidate for an AMA Council, Section Governing Council or Advisory Committee, and other designated AMA committee and task force members and candidates.

"Material Financial Interest" shall mean:

- a financial ownership interest of 5% or more in the relevant third party, or
- a financial interest or relationship which contributes materially to the income of the relevant third party, or
- a position as proprietor (e.g., owner, LLC member), shareholder, director, officer, partner, governing board member or key employee.

"Immediate Family Member" shall mean spouse, domestic partner, parent or child.

"Extended family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, grandchild, brother, sister, or spouse or child of a brother or sister.

**1. Please identify your current principal occupation below.**

Name of employer/main client:

Galen medical group

Job title:

Md

Brief description of entity (Indicate if entity is your employer or a client):

Type of organization:

Start of relationship (year):

**Are you a student?**

Yes ☒ No

**If yes, identify the institution.**

**Are you a member of an organized medical staff?**

☒ Yes No

**If yes, identify the institution.**

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**Are you a medical school faculty member?**

Yes ☒ No

**If yes, identify the institution.**

**Are you retired?**

Yes ☒ No

**2. Are you, or is any Immediate Family Member, affiliated with any of the following entities: healthcare accrediting body or board, healthcare provider organization, healthcare standards setting organization, healthcare-related professional society, or medical licensing board? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒      No

A. Type:

|                               |                 |
|-------------------------------|-----------------|
| Relevant individual:          | Name of entity: |
| Brief description of entity:  |                 |
| Start of relationship (year): | Role:           |
| Other information (optional): |                 |

B. Type:

|                               |                 |
|-------------------------------|-----------------|
| Relevant individual:          | Name of entity: |
| Brief description of entity:  |                 |
| Start of relationship (year): | Role:           |
| Other information (optional): |                 |

C. Type:

|                               |                 |
|-------------------------------|-----------------|
| Relevant individual:          | Name of entity: |
| Brief description of entity:  |                 |
| Start of relationship (year): | Role:           |
| Other information (optional): |                 |

D. Type:

|                               |                 |
|-------------------------------|-----------------|
| Relevant individual:          | Name of entity: |
| Brief description of entity:  |                 |
| Start of relationship (year): | Role:           |
| Other information (optional): |                 |

3. Do you, or does an Immediate Family Member, receive any payment or item of value such as a consulting fee, honoraria, travel, meals, speaker fee, or clinical trial-related payment worth \$5,000 or more in the aggregate from any healthcare industry company (including but not limited to a pharmaceutical company, device manufacturer, or electronic medical record vendor) within the past 24 months or as expected in the next 12 months? Please indicate yes or no. If yes, list and explain all instances below.

Yes ☒ No

A. Relevant individual:

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

B. Relevant Individual:

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

C. Relevant individual:

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

D. Relevant individual:

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

**4. Do you, or does an Extended Family Member, hold a Material Financial Interest in any business or entity which furnishes goods or services, or is seeking to furnish goods or services, to the AMA? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒ No

**A. Relevant individual:**

Name of entity:      Start of relationship (year):

Brief description of entity:

Other information (optional):

**B. Relevant Individual:**

Name of entity:      Start of relationship (year):

Brief description of entity:

Other information (optional):

**5. Have you, or has any Extended Family Member, asserted or filed, or intend to assert or file, a lawsuit, legal complaint, personal claim for damages or formal grievance against the AMA? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒ No

**A. Brief description of action:**

Relevant individual:

Other information (optional):

**B. Brief description of action:**

Relevant individual:

Other information (optional):

**C. Brief description of action:**

Relevant individual:

Other information (optional):

6. Are you a registered lobbyist in any jurisdiction on behalf of any organization *other than* the AMA? Please indicate yes or no. If yes, list all instances below.

Yes ☒ No

A. Organization for which you are a registered lobbyist:

Jurisdiction(s):

B. Organization for which you are a registered lobbyist:

Jurisdiction(s):

C. Organization for which you are a registered lobbyist:

Jurisdiction(s):

7. Are you involved in public representation or advocacy on behalf of any organization *other than* the AMA? Please indicate yes or no. If yes, list all instances below.

Yes ☒ No

On behalf of which organization(s)?

8. Do you hold any political office (elected or appointed)? Please indicate yes or no. If yes, list all instances below.

Yes ☒ No

What office(s)?

9. Are you involved in any other significant political activities *excluding* AMA-related political activities, voting and political contributions? Please indicate yes or no. If yes, list all instances below.

Yes ☒ No

What activities?

**10. Are you aware of any activity of one of your Immediate Family Members which may conflict with AMA's policies or activities? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒ No

A. Relevant individual:

Description of activity:

Other information (optional):

B. Relevant individual:

Description of activity:

Other information (optional):

C. Relevant individual:

Description of activity:

Other information (optional):

**11. Has an adverse action been taken against your medical license in any state, or are you currently anticipating an adverse action to be taken against your medical license, if you are a physician? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒ No      N/A (not a physician)

A. Description of adverse action, result and timeframe. Include the jurisdiction:

Other information (optional):

B. Description of adverse action, result and timeframe. Include the jurisdiction:

Other information (optional):

**12. Has an adverse action been taken against you by a hospital/health system or a payor, or are you currently anticipating such an adverse action to be taken against you, if you are a physician or a medical student? Please indicate yes or no. If yes, list all instances below.**

Yes      ☒      No      N/A (not a physician or medical student)

A. Description of adverse action, result and timeframe:

Other information (optional):

B. Description of adverse action, result and timeframe:

Other information (optional):

**13. Are you involved in any other personal relationship, activity or interest that may impair your objectivity on AMA policies or issues? Please refer to the Principles for additional guidance. Please indicate yes or no. If yes, list all instances below.**

Yes      ☒      No

What relationship, activity or interest? (Please explain such interest.)

**14. I certify that, except as identified below:**

- (i) I will use my best efforts to maintain the confidentiality of and to prevent the unauthorized disclosure of information that is confidential or proprietary to the AMA, and I will not use such information for personal profit or advantage, or for the profit or advantage of any other organization.

☒ I agree      I do not agree

If you do not agree, please explain:

- (ii) I have not and will not divert for myself or for any other person or entity any business opportunity I know, or have reason to believe, to be available to the AMA.

☒ I agree      I do not agree

If you do not agree, please explain:

- (iii) I have not and will not use AMA staff or resources to perform personal services for me or for another organization in which I have a financial interest.

☒ I agree      I do not agree

If you do not agree, please explain:



- (iv) I have not and will not use the AMA's name, logo, or my affiliation with the AMA in a manner that would incorrectly imply an AMA endorsement of a non-AMA product or service, or that would imply AMA support of a personal opinion or activity.

☒ I agree ☐ I do not agree

If you do not agree, please explain:

- (v) I have not and will not, nor have or will any of my Immediate Family Members, solicit or accept any gift money, benefit, loan, or other payment of any kind from any entity with which AMA does business, with which AMA is seeking to do business, or from any entity seeking to do business with AMA. (The term "entity" includes, but is not limited to, financial institutions, business and professional firms, and individuals providing goods or services).

I understand that the following gifts and benefits are *not* prohibited under the COI Policy: (1) acceptance or offering of nominal gifts, or social amenities and entertainment which are given in normal business practice and which would not raise an inference of undue influence, (2) acceptance or offering of gifts for a non-business reason, and which are motivated by a family relationship or personal friendship, (3) benefits or discounts offered under any AMA-sponsored program, (4) benefits or discounts which are offered as a professional courtesy to members of the medical profession, or to members of their immediate family, provided such benefits or discounts are not intended to influence an AMA decision, and (5) books, journals, audio or videotapes, software or other informational material provided to assist the Trustees or members in performing their duties for the AMA.

☒ I agree ☐ I do not agree

If you do not agree, please explain:

- (vi) I have not and will not retain any honoraria received for AMA-related engagements and will give any honoraria received to the AMA unless an alternative arrangement is made with prior approval from the Chair of the Board of Trustees.

☒ I agree ☐ I do not agree

If you do not agree, please explain:

- (vii) After termination of my duties for the AMA, I will not: use the AMA name or my affiliation with the AMA in any manner which would imply AMA support or endorsement of policies or activities of another organization; use the AMA name or my affiliation with the AMA for commercial gain; disclose confidential or proprietary information for

**personal or commercial gain; or damage the reputation of or disparage the AMA, its Trustees or Officers<sup>1</sup>.**

☒ I agree      ☐ I do not agree

If you do not agree, please explain:

**(viii) I have not and will not give any bribe, kickback, or any other illegal or improper payment of any kind to any person with whom I come into contact in the course of carrying out my responsibilities for the AMA.**

☒ I agree      ☐ I do not agree

If you do not agree, please explain:

**15. Please use this space to share any other information that could help the AMA evaluate your ability to effectively serve in this capacity (e.g., current investigations, other threatened actions). Also, if you did not have space to list all your disclosable interests above, please disclose them below.**

A. Additional Information:

B. Additional Information:

C. Additional Information:

D. Additional Information:

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<sup>1</sup> The expression of personal opinions that differ from AMA policies that are unrelated to your official actions as a Leader do not constitute disparagement.

## Acknowledgement and Affirmation

*Duties to AMA.* I acknowledge and confirm that I, when serving in my role as an AMA Council, Committee or Task Force member, will act at all times with care and for the sole benefit and interest of the AMA and not for my own personal benefit.

*Conflicts of Interest (COI).* I understand that I am expected to comply, and have a continuing responsibility to comply, with the AMA COI Policy and Principles. To my knowledge as of the date hereof, I am in compliance with the COI Policy and Principles (except as specifically disclosed above) and have disclosed as required my affiliations. If at any time following submission of this form, I become aware of any conflict of interest, or if the information provided becomes inaccurate or incomplete, I will promptly update this form.

I understand the COI Policy is intended to be an evolving policy, and questions of interpretation and application can be expected to arise, and that Principles have been developed to provide guidance in resolving conflicts. Any questions about how to respond to the disclosures or certifications requested above (including questions about potential affiliations) should be reviewed in advance with the Office of General Counsel ([ogc@ama-assn.org](mailto:ogc@ama-assn.org)).

*Assignment.* In consideration of my participation on an AMA Council, Committee or Task Force (or, if a candidate, upon my election or appointment to such a body), I assign to the AMA all rights, including copyright, in any enduring materials and other work products created in connection with my participation on the Council, Committee or Task Force.

*Anti-Harassment Policy (H-140.837).* I agree to adhere to the "Policy on Conduct at AMA Meetings and Events." I understand that the AMA has zero tolerance for any harassing conduct at all AMA-hosted meetings, events and other activities, including meetings of the House of Delegates and AMA dinners, receptions and social gatherings.

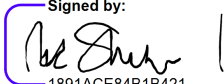
*Authorization.* I consent and authorize the AMA to conduct a background check on me at the AMA's expense. I recognize the AMA will only take this action in extraordinary circumstances.

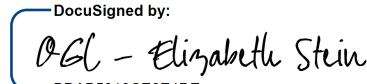
*Speaking on Behalf of the AMA.* I acknowledge that only authorized individuals may speak on behalf of the AMA.

Elected Representatives. If applicable, your signature below indicates that you have read and agree to comply with the AMA HOD [election rules](#).

Acknowledged and Affirmed by the undersigned:

**Name:** Nita Shumaker, MD

**Signature:**   
**Date:** 7/19/2025

**DocuSigned by:**  
  
 BDAB5910CE6E4DE...

**Role:** AMA Section Governing Council Member/Candidate