



Clinical Practice Guideline Subcommittee
Nondisclosure Agreement

As a member of the American Academy of Pediatrics' (AAP) **Clinical Practice Guideline (CPG) Subcommittee on [insert name]**, please review and sign the following agreement acknowledging your participation on the guideline.

Clinical Practice Guideline Ownership

The American Academy of Pediatrics will own all intellectual property rights related to the guideline and its publication in Pediatrics, including but not limited to all written text, full-text tables, slides, graphs, photographs, charts, algorithms, and all deliverables associated with the development of the guideline and any other derivatives of the work (collectively, the "content").

Other derivatives include clinical recommendations, conflict of interest management terms, and any resources or tools developed to support the dissemination and implementation of the guideline.

Responsibilities

As a guideline subcommittee member, you agree to provide any assigned deliverables in a timely manner and in accordance with the timeline for publication. You also agree to carry out the following responsibilities in your role on the guideline subcommittee:

- Participate in all scheduled subcommittee meetings and conference calls
- Review and understand the AAP *Guide to the Development and Implementation of Evidence-Based Clinical Practice Guidelines* and *Toward Transparent Clinical Policies*
- Participate in the dissemination and implementation of the guideline, including, but not limited to the development of the clinical resources and other tools and products related to the guideline, as requested.

Permissions

You agree to inform AAP staff to obtain prior approval before engaging in any marketing, promotional talks, promotional initiatives, and/or consultancies related to the development of guideline during the time of the guideline development. If asked to speak on behalf of the guideline, you agree to contact AAP Staff to facilitate such requests. AAP staff will also assist with the coordination and facilitation of the speaking engagement through the provision of key messages and media training, when necessary. You agree to acknowledge the AAP when presenting on the guideline at all meetings. You agree to contact AAP to receive an AAP-branded PowerPoint template for creating slides.

Confidentiality

In your role on the guideline subcommittee you may have been or may be exposed to certain confidential and/or proprietary information, materials or data related to the subcommittee's work and final document(s). It is important to the integrity of the writing process and final work that this information is kept strictly confidential and not disclosed at any time under any circumstance.

Therefore, as a condition and in consideration of your selection to serve on the guideline subcommittee, and in recognition of the importance of the subcommittee's work and for mutual consideration, the receipt and adequacy of which are acknowledged by the parties, you agree to the following:

- You will not disclose or cause to be disclosed to anyone or any entity outside of the guideline subcommittee or appropriate AAP staff any confidential and/or proprietary information, materials or data related to the guideline subcommittee's work, where such information, materials or data have been previously identified in writing or marked by the guideline subcommittee as



“Confidential.” This restriction shall apply at any time and in any circumstance, unless otherwise directed by the guideline subcommittee Chair.

- You will keep all such Confidential Information in your possession or control in a safe and secure place and will take all reasonable steps to protect against inadvertent disclosure or theft of the information.
- Upon request from the guideline subcommittee Chair, you will promptly destroy all Confidential Information that you have been sent or acquired relating to the guideline subcommittee. Notwithstanding the return or destruction of any such Confidential Information, you will continue to be bound by their obligations under this Agreement.

Conflict of Interest

You agree to adhere to the AAP Policy *Conflict of Interest and Relationships with Industry and Other Organizations*.

Please sign this letter and return it to Kymika Okechukwu, Manager, Evidence-Based Practice Initiatives at KOkechukwu@aap.org to confirm your understanding and acceptance of these conditions with respect to your participation on the [insert guideline name]. Breach of any of these requirements for participation will result in disciplinary action that may include dismissal from the guideline subcommittee or appropriate sanctions. Thank you very much for your cooperation.

Sincerely,

Judith C. Dolins MPH
Chief Implementation Officer
Sr. Vice President, Community & Chapter Affairs and Quality Improvement

Understood and Accepted By:

Signature _____

Print Name _____

Date _____