Botanical Society of America Professional Conduct Disclosure Form

Completed by (your name) ________________________________
In reference to (nominee’s name) ________________________________

(Please answer Yes, No, or Abstain to each statement)
To the best of my knowledge,

1. ________ I attest that the nominee has strong scientific integrity.
2. ________ I attest that the nominee treats students, mentees, staff, and colleagues with professional behavior, both within and outside the discipline of Botany.
3. ________ I attest the nominee does not practice nor allow discrimination or harassment in any form, and when they perceive it in the action of others, they take appropriate corrective steps.
4. ________ I attest the nominee has not been the subject of a filed allegation, complaint, investigation, sanction or other legal, civil or institutional proceeding, where there was a finding of misconduct, nor are they currently the subject of such an allegation, complaint, or investigation in which their professional conduct is at issue.

By completing this form I consent to being contacted for follow up questions.

SIGNATURE____________________________________     DATE______________________

Preferred contact information (phone or email): __________________________________________

__________I request to be contacted soon by a member of the search committee to further discuss any of my answers or any concerns about the nominee.

For self-disclosures only
I affirm that I have read, understand, and agree to abide by the Botanical Society of America Guidelines for Professional Ethics https://botany.org/home/governance/guidelines-for-professional-ethics.html. By signing this document, I certify that, to the best of my knowledge, the above response and all information provided by me related to this Professional Conduct Disclosure Form are truthful, accurate, and complete, and I agree to notify BSA promptly of any material changes required in my responses to the above question. I acknowledge that failure to comply with BSA’s policies may result in my ineligibility to receive, or revocation of, any BSA award, honor, other type of BSA recognition, or governance position, and is grounds for potential sanctions against me.

SIGNATURE____________________________________     DATE______________________