

## AMSA PharmFree Medical Student Pledge

**I, \_\_\_\_\_, AM COMMITTED TO THE PRACTICE OF MEDICINE IN THE BEST INTERESTS OF PATIENTS AND TO THE PURSUIT OF AN EDUCATION THAT IS BASED ON THE BEST AVAILABLE EVIDENCE, RATHER THAN ON ADVERTISING OR PROMOTION.**

**I, THEREFORE, PLEDGE TO ACCEPT NO MONEY, GIFTS, OR HOSPITALITY FROM THE PHARMACEUTICAL INDUSTRY; TO SEEK UNBIASED SOURCES OF INFORMATION AND NOT RELY ON INFORMATION DISSEMINATED BY DRUG COMPANIES; AND TO AVOID CONFLICTS OF INTEREST IN MY MEDICAL EDUCATION AND PRACTICE.**

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City/State: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Complete and return to: AMSA PharmFree Pledge, American Medical Student Association, 1902 Association Drive, Reston, VA 20191.  
Pledge initiative in partnership with No Free Lunch Pledge for physicians.