



Appendix A. Competing or Conflict of Interest Form

Your name:	Miyoung Choi
Your INAHTA member agency name:	National Evidence-based Healthcare Collaborating Agency (NECA)
Indicate your position on the INAHTA Board of Directors and the term start/end date:	Director 2025-2027 Start/End date: 2025. 9.26~ 2027.9. 26.
Do you currently hold any position of governance or leadership in a global/international or regional HTA-related organization?	Yes
If yes, please indicate the name of the organization, your role or position, and the term start/end dates.	Board member of HTAsiaLink (term: 2025.8.-2026.8.)
Do you have any financial interests that conflict with any activities planned or underway in INAHTA?	No
I acknowledge that as a Board member, I cannot accept any honoraria for appearances or presentations when representing INAHTA at external events.	Yes
I consent to have this CCI form posted publicly on the INAHTA website	Yes

A handwritten signature in black ink, appearing to read 'Miyoung Choi'.

30 September 2025

Signature

Date