

# Conflict of Interest Certification Form

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Please initial the Attestations below indicating agreement as appropriate, and then complete the Disclosure of Interest section to disclose any actual or potential conflicts of interests you may have with the Hospital or that you are required to report by the Hospital's Code of Conduct [and Conflict of Interest policy]:

## Attestations

\_\_\_\_\_ I hereby attest that neither I nor any relative<sup>1</sup> now has, nor since my date of employment or association with the Hospital has had, any significant financial interest<sup>2</sup> in any organization or enterprise with which the Hospital has done or now does business, or any interest in any business transaction involving the Hospital.

\_\_\_\_\_ I hereby attest that I am not in an employed or consulting position outside the Hospital that would potentially constitute a conflict of interest.

\_\_\_\_\_ I hereby attest that I do not serve as an officer or member of the board of directors or trustees in any professional, community, or charitable activities that would potentially constitute a conflict of interest.

## Disclosure of Interest

Please explain in detail the activity, relationship, interest, or financial interest being reported:

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1 For purposes of this Conflict of Interest Certification Form, a relative is any person who is related to you by blood or marriage, or whose relationship with you is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in your household.

2 For purposes of this Conflict of Interest Certification Form, there are two types of significant financial interests: (1) Receipt of anything of monetary value from a single source in excess of \$\_\_\_\_ annually (examples include salary, royalties, gifts, and payments for services including consulting fees and honoraria); (2) Ownership of an equity interest exceeding 5% in any single entity, excluding stocks, bonds, and other securities sold on a national exchange, certificates of deposit, mutual funds, and brokerage accounts managed by third parties.

**Certification**

I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all activities, relationships, interests, and financial interests, which present actual or potential conflicts of interest with the Hospital or that are required to be reported under the provisions of the Hospital's Code of Conduct [and Conflict of Interest Policy]. I hereby further certify that I agree to comply with the conflict of interest provisions in the Hospital's Code of Conduct [and Conflict of Interest Policy] and to report any actual or potential conflicts of interest to the Hospital's Chief Compliance Officer when they arise.

Your Signature: \_\_\_\_\_

Your Typed/Printed Name: \_\_\_\_\_

Your Relationship to the Hospital (Employee, Volunteer, or Contractor): \_\_\_\_\_

Date: \_\_\_\_\_

**Chief Compliance Officer Review**

I have reviewed this certification form and determined that (check one):

- No activities, relationships, interests, or financial interests were disclosed so there are no actual or potential conflicts of interest.
- The activities, relationships, interests, or financial interests that were disclosed do not pose actual or potential conflicts of interest.
- Based on the activities, relationships, interests, or financial interests that were disclosed, it is unclear whether actual or potential conflicts of interest exist. Therefore, the Hospital's Chief Executive Officer and/or legal counsel will be consulted and a written determination will be made with respect to whether actual or potential conflicts of interest exist, and, if actual or potential conflicts of interest are found to exist, the written determination will include a plan to manage the actual or potential conflicts of interest.
- The activities, relationships, interests, or financial interests that were disclosed do pose actual or potential conflicts of interest. Therefore, the Hospital's Chief Executive Officer and/or legal counsel will be consulted and a written plan will be developed to manage the actual or potential conflicts of interest.

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Review of Written Determination and Management Plan by Employee, Volunteer, or Contractor**

I have reviewed and understand the attached written determination and/or plan to manage the actual or potential conflicts of interest identified. I further agree to comply with the plan to manage the actual or potential conflicts of interest identified, if any.

Your Signature: \_\_\_\_\_

Your Typed/Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_