

Organizational Conflict of Interest Policy Form

1. Organization Information

Organization Name

Address

2. Individual Information

Full Name

Position/Title

3. Disclosure of Potential Conflicts

Describe any relationships, transactions, or situations that may present or appear to present a conflict of interest:

4. Acknowledgement

I have read and understand the organization's Conflict of Interest Policy. I agree to comply with this policy and will immediately disclose any changes or new conflicts that may arise.

Signature:

Date: