



### Conflict of Interest Disclosure Form

I have read NWF Health Network's *Operating Policy 1300-1325 Conflict of Interest*, the *Employee Handbook (Pages 15 and 16)*, and *Section 2.9 of the NWFHM Board Policy Manual, if applicable*. I attest that I am familiar with the circumstances and responsibilities to disclose any potential conflict to the appropriate parties within NWF Health Network prior to actions being taken or as soon as the conflict or potential conflict of interest is discovered.

Please initial the applicable statement below in: (Select One)

\_\_\_\_\_ During the past year, neither I, nor to the best of my knowledge, any member of my family has had an interest in or taken any action which would contravene the policies described in the above documents.

\_\_\_\_\_ During the past year, neither I, nor to the best of my knowledge, any member of my family has had an interest or taken any action which would contravene the policies described in the above documents, except such interest or action fully disclosed below:

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

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

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_