

CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT
DISCLOSURE STATEMENT FOR SITE VISITORS

NAME: _____

MAILING ADDRESS: _____

E-MAIL: _____ TELEPHONE: _____

PLEASE REFER TO APPENDIX A OF THE ACPEINC. POLICY ON CONFLICTS OF INTEREST AND COMMITMENT FOR TRUSTEES (THE "POLICY") FOR THE MEANINGS OF ANY CAPITALIZED TERMS THAT ARE NOT DEFINED IN THIS DISCLOSURE STATEMENT.

1. I serve as a director, trustee, or officer to the entity/entities listed below. Include both for-profit and non-profit entities, as well as entities to which you serve in an advisory or honorary capacity, and the capacity in which you serve.

NAME OF ENTITY / TITLE

2. In addition to the above, are there other relationships, transactions or situations that should be disclosed in accordance with the Policy statements concerning Potential Conflicts of Interest and/or Conflicts of Commitment?

3. Are you currently engaged in, or have you previously been engaged in, any activity that might reasonably be perceived as presenting a conflict of interest or conflict of commitment under this Policy?
_____ Yes _____ No

3a. If "Yes," please explain:

4. Are you currently the subject of an investigation by any hospital, licensing authority, authorizing entities, education or training program, or any other private, federal or state health program or a defendant in any civil or criminal action that is reasonably related to your qualifications, competence, functions or duties as a health care professional?

_____ Yes _____ No

4a. If "Yes," please explain

By signing below, I acknowledge that I have received and reviewed the ACPEinc Policy on Conflicts of Interest and Commitment for Trustees. I further acknowledge that I am in compliance with the Policy, both in letter and in spirit, and that the disclosures made above are full and complete as of the date I sign this form. I understand that it is my responsibility to report promptly any new situation that potentially implicates the Policy.

NAME AND DEGREE: _____ DATE: _____

PLEASE RETURN THIS FORM TO THE administrator@acpeinc.org