

8.1. Conflict of Interest Disclosure Form

Name: _____ E-mail: _____

Institution(s) being reviewed: _____ Date of Visit/Review/Meeting: _____
(Name)

Your Position (Commissioner/Evaluator/Subject Specialist/Consultant/Appeals Panel Member/Administrative Staff/Employee): _____

Please note that a separate form must be completed for each occasion. For multiple institutions a list or agenda may be attached to this document.

Conflict of Interest: As described in D.8. Conflict of Interest Policy, possible Conflicts of Interest are—

- Ownership of some or all of an institution, its assets or the stock of the company that owns or operates the institution;
- The holding of mortgages, liens, or other debt instruments or interest upon an institution or its assets;
- Having been employed, or currently employed, at the institution;
- Currently employed with a DETC institution that competes with the institution;
- Having served, or currently serving, as a consultant to the institution;
- Having served, or currently serving, on a Board, Advisory Council, or Committee of the institution;
- Having attended the institution as a student;
- Having financial interest (including holding stocks, etc.) in the institution or a business or enterprise that competes with DETC;
- Having a close personal friend or relative at the institution; or
- Having accepted gifts, entertainment or other favors from individuals or entities.

_____ I **do not** have a conflict of interest with this/these institution(s)

_____ I **do** have a conflict of interest to report (please describe on revise side of this form)

Other situations may create the *appearance of a conflict*, or present a *duality of interests* in connection with a person who has influence over the activities or finances of the DETC. All such circumstances should be disclosed to the DETC Executive Director, as appropriate, and a decision made as to what course of action the organization or individuals should take so that the best interests of the DETC are not compromised by the personal interests of stakeholders in the DETC.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by DETC’s D.8. Conflict of Interest Policy.

Signature: _____ Today’s Date: _____

