



Conflict of Interest Disclosure Form
Employee/Volunteer
Employed by Southern Health-Santé Sud

I acknowledge that I have received and read a copy of the Conflict of Interest policy. I believe that I have no situations or associations, which will place me in a conflict of interest.

Date: _____ Signed: _____
Witnessed: _____ Named: _____

I acknowledge that I have received and read a copy of the Conflict of Interest policy. I believe that I may be in a situation or association, which places me in a conflict of interest; the details of which are outlined below.

Date: _____ Signed: _____
Witnessed: _____ Named: _____

I acknowledge that I have reviewed the perceived or potential Conflict of Interest. We believe that the action plan below will mitigate or eliminate the perceived or potential Conflict of Interest.

Date: _____ Signed: _____