



# Conflict of Interest Disclosure Form

**Note:** A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the employee’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the employee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the employment for Southern Seven Health Department. The employee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federal and S7HD established regulations and guidelines in financial conflicts must be abided by.

Name:	
Site Location:	
Position:	

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

- I have no conflict of interest to report.
  
- I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

---

---

---

---

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

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

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