



CONFLICT OF INTEREST STATEMENT

This questionnaire is to be completed by CSHP Affiliate/Student Chapter President's, members of the leadership teams, upon election or appointment and annually thereafter.

It is expected that when a potential for conflict of interest exists, that the individual affected will refrain from participation, discussion and/or voting on that issue.

NAME: _____

POSITION: _____

DATE: _____

Please explain any affirmative response to any question and include any other relevant information. Please do not simply refer to information disclosed on a prior form.

1. Substantial Interest, Personal Contracts or Arrangements

Do you have any substantial interest* in, personal contract or arrangement with any firm or individual doing or seeking to do business with the Society?

YES

NO

If yes, indicate with whom or with which firm(s): _____

2. Receipt of Payments, Gifts or Services

Have you received any payment, service, or gift from or provided same to any firm or individual doing or seeking to do business with the Society?

YES

NO

If yes, please indicate with whom or with which firm(s): _____

3. Business Dealings with Relatives

Do you have a business relationship with any family members doing or seeking to do business with the Society?

Family members include the following persons:

- (a) Your spouse.
- (b) Any parent or child of you or your current spouse.
- (c) Any parent or child of your former spouse if the parent or child resided in your residence at any time.
- (d) Any relative of you or your current or former spouse, by blood or marriage, with whom you have regular contact and about whom you have information or belief regarding items covered in this questionnaire.

YES

NO

If yes, please indicate with whom and with which firm(s): _____

(signature)

(date)