



CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM

I have read CNME's Policy #2 ("Potential Conflicts of Interest") published in the CNME *Handbook of Accreditation* and I agree to abide by its provisions.

To the best of my knowledge and belief, except as disclosed below, I am not engaged in any transaction or activity that may represent a competing or conflicting interest with that of CNME, or affiliated with an organization that may have a competing or conflicting interest. I understand and agree that I have an affirmative duty to immediately disclose to the CNME Board of Directors any additional conflicts of interest that may arise. I also understand that the Board is authorized to take whatever action it considers necessary to address any conflict of interest I may have.

In any matter for which I have a conflict of interest, I agree that I will not participate in discussion or deliberation on the matter without express Board approval, and that I will refrain from voting on the matter; additionally, I shall not be present during the discussion and vote if a policy or decision of the Board so requires.

I affirm that the following are all of my personal, business/financial, and organizational interests that are—or could be perceived as being—a conflict of interest in regard to the mission and activities of the CNME, including any actions and decisions that the CNME Board may be authorized to take regarding ND programs that currently have CNME candidacy status or accreditation, or that may have applied for accreditation.

Personal Interests:

Business/Financial Interests:

Organizational interests, affiliations, and/or positions held:

Director's Name:

Signature:

Date: