IFNA Conflict of Interest Disclosure Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position you are interested In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*As a Candidates seeking elected office in IFNA you must disclose whether or not you have a potential conflict of interest. Conflict of Interest disclosure Identifies the presence or absence of any potentially biasing relationship of a financial, professional or personal nature. A conflict of interest may occur when an individual has multiple interests, one of which could Influence how the individual is motivated to act, which would favor one Interest and potentially disadvantage another Interest.*

Conflict of Interest (COl)

Is there a perceived financial, professional or personal conflict of Interest (self or family)?

\_\_\_ Yes

\_\_\_ No

If yes, describe the perceived conflict:

Resolution of Conflict (Check all that apply)

Procedures used to resolve conflict of Interest:

\_\_\_\_ Not applicable since no conflict of interest.

\_\_\_\_ I will eliminate (resign/terminate) this potential conflict of interest prior to assuming an elected office in IFNA.

\_\_\_\_ I withdraw my name as a candidate.

Other: (describe):

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