



Conflict of Interest Declaration

I have read and understood Compass's Conflict of Interest Policy 7.1 and acknowledge that I am required to comply with the policy. I further acknowledge my responsibility to disclose to the Agency all actual or perceived conflicts of interest that exist when I am hired as a staff member. I further acknowledge my responsibility to disclose to the Agency in writing, and on an ongoing basis, any actual or perceived conflicts of interest that arise during my employment with the Agency. These actual or perceived conflicts of interest must be disclosed immediately.

Secondary Employment (i.e. private practice) / **Volunteer** (i.e. Board of Directors)

☐ Self-employed ☐ Secondary Employment ☐ Volunteer

Organization (if not self-employed): _____

Population served: _____

Scope of practice (if applicable): _____

I declare that:

- ☐ I do not have a conflict of interest.
- ☐ I have a conflict of interest.
- ☐ I have a perceived conflict of interest.

Below is a written submission of the complete nature of this actual or perceived conflict of interest, if any.

Details of actual or perceived conflict of interest:

Name: _____
(Please print)

Date: _____

Signature: _____

Manager's Signature: _____

Executive Director's Signature: _____