



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

635 Main St, Middletown, CT 06457 | info@appostgradtraining.com

Conflict of Interest Disclosure Form

1. Name: _____ Date: _____

2. In what capacity does the individual represent the Consortium?

- Member of the Board? Yes No
- If an Officer or Committee Chair, what is the position? _____
- Committee member? Yes No
- Site Visitor? Yes No
- Other _____

3. For Public Members only:

I attest as a public member, I meet the Department of Education's regulatory definition of a public member.

The U.S. Department of Education (ED) defines a "representative of the public" in the context of accrediting agencies (under 34 CFR 602.3) as a person who is not affiliated with the educational institutions or agencies being accredited in specific ways.

A person is considered a public member (representative of the public) if they are not:

- An employee, member of the governing board, owner, shareholder of, or a consultant to, an institution or program that is either accredited or has applied for accreditation.
- A member of any trade association or membership organization related to, affiliated with, or associated with the accrediting agency.
- A spouse, parent, child, or sibling of an individual who meets either of the above conditions

4. Confirm the following:

- Has received a copy of, read, and understand the Consortium Conflict of Interest Policy.
_____ (initial)
- Has agreed to comply with the policy. _____ (initial)
- Understands that Consortium is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more tax-exempt purposes.
_____ (initial)

5. Disclosures:

Does the individual have a financial, professional, or personal interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with Consortium?

Yes

No

- If yes, please describe it:

- If yes, has the financial, professional, or personal interest been disclosed, as provided in the Conflict of Interest policy?

6. In the past, has the individual had a financial, professional, or personal interest, including a compensation arrangement, as defined in the Conflict of Interest policy with Consortium?

Yes

No

- If yes, please describe it, including when (approximately):

- If yes, has the financial, professional or personal interest been disclosed, as provided in the Conflict of Interest policy?

Signature of Reviewer

Date of Review

Members of Panel:

1. _____
2. _____
3. _____

Date Panel Convened to Render Decision: _____

Panel Decision:

- No Actual or Perceived conflict of Interest
- Actual Conflict of Interest is Present
- Perceived Conflict of Interest is Likely

Plan to manage conflict of interest:

Initials of Panel members