

## CONFLICT OF INTEREST QUESTIONNAIRE

\_\_\_\_\_  
(Title of Contract)

\_\_\_\_\_  
(Provider)

	YES	NO
1. Do you, your immediate family, or business partner have financial or other interests in any of the Provider listed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have gratuities, favors, or anything of monetary value been offered to you or accepted by you from any of the Provider listed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been employed by any of the Provider listed within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you plan to obtain a financial interest, e.g., stock, in any of the Provider listed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you plan to seek or accept future employment with any of the Provider listed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any other conditions which may cause a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
If you answered "yes" to any of the above questions, attach to this questionnaire a written explanation of your answer below.

\_\_\_\_\_  
I declare all of the above questions are answered truthfully and to the best of my knowledge.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date