



**III. Non-Profit Organizations:** I, or a close relative as defined in the policy, serve the following non-profit organizations as a director, trustee, employee, advisor, or volunteer (please continue on additional pages, as necessary):

<u>Organization</u>	<u>Role in Organization (Member/Relative)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
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**IV. Other Potential Conflicts of Interest.** The following personal biases, affiliations, or relationships have the potential to represent conflicts with my responsibilities to the Organization. I will further disclose these potential sources of conflicts when, in my opinion, they jeopardize my ability to provide objective, candid scientific advice to the Organization.

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**V. Certification:** I understand that full compliance with this policy requires that, in addition to filing this form annually: (i) conflict situations be identified at the time of discussion, deliberation, or voting; and (ii) I will recuse myself from such discussion, deliberation, or voting.

\_\_\_\_\_

Name Signature

\_\_\_\_\_

Date