



CONFLICT OF INTEREST DECLARATION

Peer Review Team Members

Name: _____

Name of Program being Accredited: _____

Date of Onsite Review: _____

I have read the PEAC Conflict of Interest Policy. I have carefully reviewed my own situation:

- I am not an employee of the institution being accredited;
- I am not serving or have not recently served in the capacity of a consultant, clinical or honorary faculty member of the institution being accredited;
- I do not have a monetary or personal interest in the outcome of an accreditation decision for institution being accredited;
- I do not have nor have not had close personal or professional relationships with individuals in the program at the institution being accredited;
- I do not have a member of my immediate family that is involved with the education program of the institution being accredited either as a student, staff or faculty member.

To the best of my knowledge and belief, I am involved in no situation or action that might be regarded as a potential conflict of interest with my duties as a Peer Review Team member for this accreditation review.

Signature

Date

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| Form Number: FORM-07 | |
| Date of last revision | Associated documents |
| April 2012 | COUN-01 Conflict of Interest PRT Handbook |