

CONFLICT OF INTEREST DECLARATION

Peer Review Team Members

Name: _____

Name of program being accredited: _____

Date of onsite visit: _____

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

- I am not, nor have I recently been (within five years) an employee of the education program being accredited
- I have not recently (within five years) graduated from the education program being accredited
- I am not serving, nor have I recently served in the capacity of consultant or honorary faculty member of the education program being accredited
- I do not have a monetary or personal interest in the outcome of an accreditation decision for the education program being accredited
- I do not have, nor have I had close personal or professional relationships with individuals in the education program being accredited
- No member of my immediate family is involved with the education program being accredited as a student, staff, or faculty member

I, the undersigned, to the best of my knowledge and belief, am not involved in any situation or action that might be regarded as in actual, potential, or perceived conflict of interest with my duties as a Peer Review Team member for this accreditation review. I confirm that I consider myself impartial when completing this accreditation review.

Signature	Date
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Form Number: FORM-07	
Date of last revision	Associated documents
April 2012 July 2018	COUN-01 Conflict of Interest PRT Handbook