



NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

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Conflict of Interest Management Form

1. Name: _____ Date: _____

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

- 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. Confirm the following:

- Has received a copy of, read, and understand the NNPRFTC Conflict of Interest Policy.
_____ (initial)
- Has agreed to comply with the policy. _____ (initial)
- Understands that NNPRFTC 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)

4. 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 NNPRFTC? *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? *Yes No*

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 NNPRFTC? *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? *Yes No*

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

Approved and Revised 2/19/2019