



Conflict of Interest

Conflict of interest is defined to be, but is not limited to, activities that are in opposition to, detract from, or in some manner could become detrimental to the Association as described in the Bylaws, policies and procedures.

1. No individual has the authority to act on behalf of ANAC except as such authority is outlined in the Bylaws or approved by the Board of Directors or Executive Committee.
2. No individual is authorized to use the Association's name or logo or any terminology implying Association sponsorship or endorsement without prior approval of the Board or Executive Committee.
3. Elected officials or committee members acting on behalf of ANAC shall not take part in any decision or action of the Association in which they have a financial interest unless such participation is authorized by the Board after full disclosure of the facts.
4. Duality of interest or possible conflict of interest on the part of any elected official or committee member shall be fully disclosed to the Association prior to entering into any formal relationship with any said person, group or organization.

By signing below, I am stating that I understand the above statement. In acknowledgement of my status as an ANAC Committee Member, and/or Committee Chair, and/or Board Member, I agree that I, or any agent acting on my behalf, will not engage in activities or be involved in situations that may compromise the interests of the Association of Nurses in AIDS Care during my entire tenure as an ANAC Committee Member, and/or Committee Chair, and/or Board Member. I understand that to engage in a Conflict of Interest may include, but not be limited to, loss of committee/leadership privileges and/or non-refundable revocation of my ANAC Membership, temporarily or permanently. I sign this document of my own free will.

This form, when sent electronically to us, will not be signed as with a traditional paper document, but **must be signed electronically**. To sign electronically and verify the contents of the submission, the signatory must enter an "s:" then her or his first and last name preceded and followed by the forward slash (/) symbol (example: s:/Jane Smith/). By signing in this manner, your signature operates the same way as if written on paper and serves the function of a signature. If you are mailing this submission, please handwrite your signature as you normally would.

Signature

Date

Printed Name