

## ANIA CHAPTER CONFLICT OF INTEREST STATEMENT

Chapter Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

The ANIA Chapter Board has the responsibility of administering the affairs of American Nursing Informatics Association (ANIA), a non-profit organization, honestly and prudently and of exercising their best care, skill, and judgment for the sole benefit of ANIA. Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions or knowledge gained there from for their personal benefit.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between ANIA and your personal interests, financial or otherwise. If any changes occur that constitute a COI, a new form must be completed within 60 days.

### DISCLOSURE OUTSIDE INTERESTS

Listing of Other Non-Profit or Profit Organizations in which you or a Family Member is a Board Member:

_____	_____
_____	_____
_____	_____

### CERTIFICATION OF CONFLICT/NO CONFLICT

I have no conflict of interest to report

I have the following Conflict of Interest to report

_____	_____
_____	_____
_____	_____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest policy of ANIA.

Signature \_\_\_\_\_ Date \_\_\_\_\_