

**North Country Health Consortium (NCHC)
Conflict of Interest Form**

Name: _____

Organization Designating You as its Representative to NCHC: _____

Organizations on which I serve as Director/Trustee, Officer, Committee Member, Staff

1. _____
2. _____
3. _____
4. _____
5. _____

Organizations (business or nonprofit) with which I have a direct or indirect financial interest (a “pecuniary interest”):

1. _____
2. _____
3. _____
4. _____
5. _____

Signature

Date

Conflict of Interest means any financial interest, or the appearance of conflict of interest, on the part of Directors and officers that has not been disclosed to and approved by the Board of Directors in accordance with NH law (New Hampshire Revised Statutes Annotated Chapter 7, Section 19-a (IV)) and this Policy. A “conflict of interest” means any financial or other interest which may conflict with the service of an individual because: 1) it could impair the individual’s objectivity; or 2) it could create an unfair advantage for any person or organization.