



Conflict of Interest Policy and Statement

The Nurse Agency recognizes that existing and potential conflicts of interest can occur in any healthcare organization. To ensure that the best interests of both the company and employees are properly considered, all employees are required to disclose existing and potential conflicts of interest and to work cooperatively with The Nurse Agency in managing any such conflicts of interest.

Conflicts of interest may be financial or personal in nature. The following are common situations that may create a conflict of interest:

- Influencing The Nurse Agency to do business with an entity that will result in personal financial gain to the employee;
- Influencing The Nurse Agency to do business with an entity in which the employee or his/her immediate family member, has a material financial interest. A **material financial interest** is defined as an ownership interest of more than 5%, or an interest which contributes more than 5% to the employees annual income, or a position the employee holds as a director, trustee, managing partner, officer or key employee, or any financial interests of a spouse, parent or child.

It is the responsibility of each employee to recognize and avoid any situation involving a business conflict of interest. Employees are expected to promptly disclose any known relationships or activities that may result in real or apparent conflicts of interest. This information must be disclosed to The Nurse Agency, thereby allowing issues to be worked out before they develop into a problem. Through this action, an employee protects their own interests as well as those of the Agency.

All employees must complete this Conflict of Interest Statement upon hire and update the Statement annually or whenever the status changes.

1. Do you have an outside job that may create a conflict of interest with your employment at this Agency? Yes ___ No ___ Describe: _____

2. Do you have any other conflict of interest with your employment with this Agency?

Yes ___ No ___ Describe _____

I understand that failure to observe and abide by these obligations may result in disciplinary action which may include dismissal and/or termination. I also understand that in some cases, failure to observe and abide by these obligations may result in criminal or other legal actions.

Signature: _____ Date: _____

Name (printed): _____