Western University of Health Sciences
Conflict Disclosure Form

It is the policy of Western University of Health Sciences to ensure against any contractual conflict of interests with respect to applicable vendors and/or contractors. Please have the respective vendor/contractor/agent complete this form.

Company Name (if applicable):	
Name of Individual Completing Form:	
Role/Title:	
Nature of the Contract/ Services:	

Disclosure

Is there a financial relationship, employment or engagement arrangement (full, part-time or voluntary) between Vendor/Contractor and a WesternU employee (current or former) or a Close Relation?

☐ **Yes – please list your disclosures below**
☐ **No – go to the Declaration section.**

Definitions:
(a) Financial relationship includes but is not limited to (i) compensation or other remuneration for services performed (ii) equity interests (stocks, options, warrants); or (iii) management role (director, officer, or any other position that has a significant decision making authority)
(b) Close Relations includes but is not limited to spouses, domestic partners, parents, grandparents, in-laws, children, siblings, cousins, aunts, uncles, nieces, nephews and each of their respective spouses or domestic partners.

Commercial Interest *Please indicate the name of the Company, etc.*	**Nature of Relevant Financial Relationship** *Please identify the Name of the Individual with the Relationship and the type of Relationship (i.e. Employee, Grant/Research Support recipient, Board member, Advisor or Review Panel, Independent Contractor, Stock Shareholder (excluding mutual funds), etc.)*

Declaration

I certify that the above information is accurate and true.

Signature: _____ Date: _____