

Conflict of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the athletic training student's other material interests, or relationships (especially economic or patient care related), particularly if those interests or commitments are not disclosed. This Conflict of Interest Form should indicate whether the athletic training student has an existing relationship and/or an economic interest with any outside entity whose financial interests and or patient care would reasonably appear to be affected by the addition of the nominated condition. The athletic training student should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Individuals with a conflict of interest should refrain from patient care within clinics that enhance the conflict.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest. If this changes through the duration of the fiscal year, you must update your form within 24-48 hours of the incident(s).

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report (please specify any relationships, nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

_____ I would like to schedule a meeting with the Program Director or Clinical Education Coordinator to discuss my conflict of interest further.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Date:

Signature, Athletic Training Student

Name, Athletic Training Student (Print)