

Ontario Medical Association Board of Directors Conflict of Interest Disclosure Statement Check List

With regard to my position on the Ontario Medical Association (OMA) Board of Directors, I have the following potential conflict of interest to report:

☐ I am affiliated with another Board, Committee or other organization as follows:

☐ I am affiliated with any vendor, supplier, or any other party providing or bidding for providing services, having a direct or indirect interest in any business transaction(s), or agreement with the OMA:

☐ I or a family member have any business dealings or transaction with a vendor, supplier or any other party which could result in benefit to me:

☐ I am involved as a party to or have an interest in any pending legal proceedings involving the OMA:

☐ I have another conflict of interest, as follows:

I hereby confirm that the disclosure made above are complete and correct to the best of my information and belief. I shall not be participating in the discussion and decision making of this matter. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the conflict of interest policy, I will notify the board chair immediately.

Signature _____ Name & Designation _____ Date _____