**PLACE YOUR NPC INFO HERE**

**Affirmation of Compliance**

1. I have received and carefully read the Conflict of Interest Policy for directors, officers and employees of (PLACE YOUR INFO HERE) and have considered the literal expression of the policy as well as its intent.
2. By signing this affirmation of compliance, I hereby affirm that I have read, understand and agree to comply with the (PLACE YOUR INFO HERE) Conflict of Interest Policy.
3. I further understand that (PLACE YOUR INFO HERE) is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes without personal benefit, other than by salary.
4. Except as otherwise indicated in the Disclosure Questionnaire and attachments below, I hereby state that neither I nor any relative or business associate has any conflict of interest, financial or otherwise that may be seen as competing with the interests of (PLACE YOUR INFO HERE). Also, neither I nor any of my relatives or business associates benefit from any action, policy or transaction made by (PLACE YOUR INFO HERE) in a manner that has not been previously disclosed.
5. If any situation should arise in the future that I believe may involve me in a conflict of interest, I will promptly and fully disclose the circumstances as appropriate:
   * Members of the Board and Executive Director: Report to the Board Chair.
   * (PLACE YOUR INFO HERE) administrative employees: Report to the Executive Director.
   * Employees directly or indirectly engaged in VA research or education: Report to Supervisor and (PLACE YOUR INFO HERE) Executive Director
6. I further certify that the information set forth in the Disclosure Questionnaire and attachments, if any, is true and correct to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_